

Employment Information Sheet
Information Gathering Data Form/For UCPath Data Entry

| Name: (Last)   | ame: (Last) (First)                             |                               | Initial                                     |                                 |                         |     |
|--|---|-------------------------------|---|---------------------------------|-------------------------|-----|
| Are you a <b>United States Citizer</b>   | n/Permanent Resident?                           | Yes                           | No  |                                 |                         |     |
| If not, please provide your VISA   | information bellow:                             |                               |   |                                 |                         |     |
| Visa Type  | Exp. Date                                       |                               | Country                                     |                                 |                         |     |
| International employees must go  | to the accounting depart                        | tment to comp                 | olete their tax treaty. Plea                | ase visit the webs              | ite bellow:             |     |
| https://accounting.ucsb.edu/s  | ecure/my.accounting/gl                          | acier/index.c                 | cfm   |                                 |                         |     |
| Country of Residency:  |   |                               |   |                                 |                         |     |
| Permanent (Domestic)   |   |                               | Current Address:                            |                                 |                         |     |
| Please check the box with t check when payroll is comp UCPath account and make a Phone No. : | oleted. Please note that<br>any changes as soon | at if there is<br>as possible | a change of address<br>to prevent disruptio | you will need<br>ns with your m | to login to you<br>ail. |     |
| Personal E-mail:   |   |                               |   |                                 |                         |     |
| Social Security Number/Nat   |   |                               |   |                                 | (d)/                    | (y) |
| Employment History   |   |                               |   |                                 |                         |     |
| Have you worked on campus  | before? Yes No                                  | If Yes, wh                    | nich Department?                            |                                 |                         |     |
| When did your appointment we Please provide the name of your                                 |   |                               | M Y   |                                 |                         |     |
| For internal checkpoint use or   | nly:  |                               |   |                                 |                         |     |
| Beli Date of Hire_   | Appt. End _                                     | F                             | unding Source (s)                           |                                 |                         |     |
| Supervisor Forms Completed   | :/C   | )ath/Patent _                 | I-9   | W-4                             |                         |     |
| Sure Pay Employe   | e ID #  |                               |   |                                 |                         |     |
|  |   |                               |   | Ву                              | MP 11/18/19             |     |
| Signature  |   | Date                          |   | •                               |                         |     |