



HIRING NOTICE

Activity		Name (Last, First, N	⁄liddle)
Position (Please use title listed in	Budget)		
Pay Rate: Weekly or Hourly			
Effective Starting Date		Ending Date	
Primary Supervisor		Backup Supervisor	
Employee may not v TO BE FILLED OUT BY	Activity Director or Busine		gned by the employee.
Email	Name Last	First	Middle
PERMANENT ADDRESS		LOCAL ADDRESS	
Street Address		Street Address	
City State	Zip Code	City	State Zip Code
Phone Number () -		Phone Number ()	-
EMERGENCY CONTACT INFORMATION	ON	DISCLOSURE OF INFORMAT	TION
Phone Number () -	Relationship	UC DIRECTORY Check box for information you DO NOT want listed. Permanent Home Phone Spous Address Number Name	
DATE OF BIRTH	O DY YR		
PERSONAL INFORMATION AND CITIZENSHIP STATUS		UC STUDENT STATUS	Units this Quarter
Sex Male Female US Citizen? Yes	No Permanent Resident? Yes No	Deg. Cand Not Reg. Not Reg.	Undergrad Grad
Year of high school graduation Prior UC employment	Department: Date last worked:	W-4 Information W-2 Electronic	Yes No Direct Deposit Yes No
IMPORTANT INFORMATION original identification documents		to sign other forms. I	Pursuant to federal law, onl

Student Signature _____ Date ____