RESEARCH ENTERPRISE SERVICES	Student Employment Authorization Form					
UNIVERSITY OF CALIFORNIA, BERKELEY	RESEARCH UNIT: IRLE					
<b>ACTION:</b> ☑ New Hire/Rehire ☐ Renewal/Extension ☐ Fund Change ☐ Separation ☐ Work-Study Limit						
Name of Student: <u>Jared James Park</u> Student ID #: <u>221665792</u>						
2. Name of Hiring Authority/Supervisor: Michael Reich						
3. Student's E-mail: jaredjamespark@gmail.com & Phone Number: 510/258-4803						
4. Appointment Starts: <u>3/20/12</u> Ends: <u>8/15/12</u>						
(MO/D	ATE/YR) (MO/DATE/YR)					
Employment Title	Hourly Pay Rate					
Student Asst. I (4922)	\$ (\$8.00 – 12.00)					
Student Asst. II (4921)	\$ (\$10.00 – 15.00)					

	Student Asst. IV (4919)	\$	(\$16.00 – 35.00)		
	High School Intern - Submit hire form with work permit and volunteer form.	Summer s	tipend amount \$		
5.	5. Percent of Appointment (e.g. 10 hrs + 40 hrs/wk = 25.00%): 25 %				
6.	6. Does student have Work-Study funding:   Yes No				
	* Student has exhausted all Work-Study funds. Please charge entire salary fund provided below.				
7.	7. Funding/Chartstring: <u>1-19900-24439-44</u>				
8.	8. Brief Description of Job Duties:				
As	sist Professor Reich with data analysis for var	ious project	s		
9.	Comments				
-					
PI / Faculty Mentor Name: Michael Reich					
PI	Signature: Michael Reuh		Date: 3/28/12		

\$ 15.53

(\$12.50 - 20.00)

on

PLEASE SUBMIT COMPLETE FORM TO RES HUMAN RESOURCES, 108 STANLEY HALL, MAIL CODE: 3220. YOU MAY ALSO SCAN/EMAIL (respayroll@berkeley.edu) OR FAX (510-643-4734) THE COMPLETED FORM.

Student Asst. III (4920)

# STATEMENT CONCERNING YOUR EMPLOYMENT IN A UNIVERSITY POSITION NOT COVERED BY SOCIAL SECURITY UCRS 419 (R1/05) University of California Human Resources and Benefits

Send completed form to: UC HR/Benefits Records Management P.O. Box 24570 Oakland CA 94623-1570

1. EMPLOYEE AND UNIVERSITY INFORMATION				
EMPLOYEE NAME (Last, First, Middle Initial) Park, Jared James	EMPLOYEE NUMBER 012288460	SOCIAL SECURITY NUMBER		
CAMPUS/LAB UCB	DEPARTMENT RES - IRLE	3/20/12		

Your earnings from this position are not covered under Social Security. When you retire, or if you become disabled, you may receive a UC defined contribution plan (DC plan) or UC Retirement Plan (UCRP) benefit based on earnings from this position. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your DC plan or UCRP benefit may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected.

Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### 1. Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a plan benefit from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a plan benefit from this job.

For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, "Windfall Elimination Provision."

# 2. Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a federal, state or local government plan benefit based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your government plan benefit.

For example, if you receive a monthly government plan benefit of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400 = \$100).

Even if your government plan benefit is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication, "Government Pension Offset."

# 2. FOR ADDITIONAL INFORMATION

Social Security publications and additional information, including information about exceptions to each provision, are available at www. socialsecurity.gov. You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

### 3. REQUIRED SIGNATURE

I certify that I have received Form UCRS 419 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

SIGNATURE OF EMPLOYEE	DATE	
-h/201	3/20/12	
100		



#### UNIVERSITY OF CALIFORNIA STATE OATH OF ALLEGIANCE. PATENT POLICY, AND PATENT ACKNOWLEDGMENT

EMPLOYEE'S NAME (Last, First, Middle Initial)
Park, Jared James

DATE PREPARED

UPAY585 (R 07/2011) E0420 71443-180

EMPLOYEE ID

NIO/Dy/11

MPLOYEE ID 012288460 DEPARTMENT IRLE EMPLOYMENT DATE

STATE OATH OF ALLEGIANCE I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

upon which I am about to enter.	/20/12		
Taken and subscribed before me on:		Signature of Officer or Employee:	
Mo	/Dy/Yr		
Signature of Authorized Official:		(Do not sign until in the presence of proper witness.)	
Title: Payroll		NOTE: No fee may be charged for administering this oath.	
County: ALAMEDA	State: CA	NOTE. NO les may be charged for administering this bath.	

The oath must be administered by either (1) a person having general authority by law to administer oaths—for example, Notaries Public, Civil Executive Officers (Gov. Code Sec. 1001), Judicial Officers, Justices of the Peace, and county officials named in Gov. Code Sections 24000, 24057, such as, district attorneys, sheriffs, county clerks, members of boards of supervisors, etc., or (2) by any University Officer or employee who has been authorized in writing by The Regents to administer such oaths.

WHO MUST SIGN THE OATH: All persons (other than aliens) employed by the University, in common with all other California public employees, whether with or without compensation, must sign the oath.(Calif. Constitution, Article XX, Section 2, Calif. Gov. Code Sections 3100-3102.)

All persons re-employed by the University after a termination of service must sign a new Oath if the date of re-employment is more than one year after the date on which the previous Oath was signed (Calif. Gov. Code Sec. 3102.)

WHEN OATH MUST BE SIGNED: The Oath must be signed BEFORE the individual enters upon the duties of employment (Calif. Constitution, Article XX, Section 3: Calif. Gov. Code Sec. 3102.)

WHERE OATHS ARE FILED: The Oaths of all employees of the University shall be filed with the Campus Accounting Office.

FAILURE TO SIGN OATH: No compensation for service performed prior to his subscribing to the Oath or affirmation may be paid to a University employee. And no reimbursement for expenses incurred may be paid prior to his subscribing to the Oath or affirmation. (Calif. Gov. Code Sec. 3107.)

PENALTIES: "Every person who, while taking and subscribing to the Oath or affirmation required by this chapter, states as true any material which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one or more than 14 years." (Calif. Gov. Code Sec. 3108.)

## PATENT ACKNOWLEDGMENT

This acknowledgment is made by me to The Regents of the University of California, a corporation, hereinafter called "University," in part consideration of my employment, and of wages and/or salary to be paid to me during any period of my employment, by University, and/or my utilization of University research facilities and/or my receipt of gift, grant, or contract research funds through the University.

By execution of this acknowledgment, I understand that I am not waiving any rights to a percentage of royalty payments received by University, as set forth in the University of California Patent Policy, hereinafter called "Policy."

I also understand and acknowledge that the University has the right to change the Policy from time to time, including the percentage of net royalties paid to inventors, and that the policy in effect at the time an invention is disclosed shall govern the University's disposition of royalties, if any, from that invention. Further, I acknowledge that the percentage of net royalties paid to inventors is derived only from consideration in the form of money or equity received under: 1) a license or bailment agreement for licensed rights, or 2) an option or letter agreement leading to a license or bailment agreement. I also acknowledge that the percentage of net royalties paid to inventors is not derived from research funds or from any other consideration of any kind received by the University. The Policy on Accepting Equity When Licensing University Technology governs the treatment of equity received in consideration for a license.

I acknowledge my obligation to assign, and do hereby assign, inventions and patents that I conceive or develop within the course and scope of my University employment while employed by University or during the course of my utilization of any University research facilities or through any connection with my use of gift, grant, or contract research funds received through the University. I further acknowledge my obligation to promptly report and fully disclose the conception and/or reduction to practice of potentially patentable inventions to the University authorized licensing office. Such inventions shall be examined by University

to determine rights and equities therein in accordance with the Policy. I shall promptly furnish University with complete information with respect to each.

In the event any such invention shall be deemed by University to be patentable or protectable by an analogous property right, and University desires, pursuant to determination by University as to its rights and equities therein, to seek patent or analogous protection thereon, I shall execute any documents and do all things necessary, at University's expense, to assign to University all rights, title, and interest therein and to assist University in securing patent or analogous protection thereon. The scope of this provision is limited by Calif. Labor Code Sec. 2870, to which notice is given below. In the event I protest the University's determination regarding any rights or interest in an invention, I acknowledge my obligation: (a) to proceed with any University requested assignment or assistance; (b) to give University notice of that protest no later than the execution date of any of the above-described documents or assignment; and (c) to reimburse University for all expenses and costs it encounters in its patent application attempts, if any such protest is subsequently sustained or agreed to.

I acknowledge that I am bound to do all things necessary to enable University to perform its obligations to grantors of funds for research or contracting agencies as said obligations have been undertaken by University.

University may relinquish to me all or a part of its right to any such invention, if, in its judgment, the criteria set forth in the Policy have been met.

I acknowledge that I am bound during any periods of employment by University or for any period during which I conceive or develop any invention during the course of my utilization of any University research facilities, or any gift, grant, or contract research funds received through the University.

In signing this acknowledgment,I understand that the law, of which notification is given below, applies to me, and that I am still required to disclose all my inventions to the University.

Jared James Park

NOTICE: This acknowledgment does not apply to an invention which qualifies under the provision of Calif. Labor Code Sec.2870 which provides that (a) Any provision in an employment agreement which provides that an employee shall assign, or offer to assign, any of his or her rights in an invention to his or her employer shall not apply to an invention that the employee developed entirely on his or her own time without using the employer's equipment, supplies, facilities, or trade secret information except for those inventions that either: (1) Relate at the time of conception or reduction to practice of the invention to the employer's business, or actual or demonstrably anticipated research or development of the employer; or (2) Result from any work performed by the employee for the employee to assign an invention otherwise excluded from being required to be assigned under subdivision (a), the provision is against the public policy of this state and is unenforceable. In any suit or action arising under this law, the burden of proof shall be on the individual claiming the benefits of its provisions.

RETENTION: Accounting: 5 years after separation, except in cases of disability, retirement or disciplinary action, in which case retain until age 70.

Employee/Guest Name (Please print): Jared Ja
Employee/Guest Signature:

Date: 3/20/12

Witness Signature & University Acceptance:

Date: 3/20/12