

Data Entry Form

Please fill out the information below:

Employee Identification

Employee Name: (as written on social security card)

First: Sokbrany Middle: Last: Yourk

Gender: Female

Permanent Address: 827 1/2 Alamitos Ave Long Beach. CA 90813  
Street Address City State Zip Code

Home Phone: 5624320977 Mobile Phone: 5628102963

Emergency Contact # 1 Moy Yourk Mother 5628583957  
Name Relationship Mobile Phone  
827 1/2 Alamitos Ave Long Beach CA 90813  
Street Address City State Zip Code

Emergency Contact #2 Vandy Yourk Brother 5628582957  
Name Relationship Mobile Phone  
101 Reunion Irvine CA 92617  
Street Address City State Zip Code

For your protection, please choose those persons whom you prefer to be called in the event of an emergency. This information is voluntary and it is your responsibility to notify HSHR@uci.edu of any changes immediately.

**VOLUNTARY SELF-IDENTIFICATION OF RACE, ETHNICITY AND VETERAN STATUS**  
U5605 (R10/14) University of California Human Resources

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)	CAMPUS	DEPARTMENT/ORGANIZATIONAL UNIT	BIRTHDATE		
Yourk, Sokbrany	UC Irvine	Dept. of Epidemiology	MO 2	DY 6	YR 1997

**INVITATION TO SELF-IDENTIFY RACE AND ETHNICITY**

The University of California is a federal contractor and recipient of federal funds subject to affirmative action requirements set forth in Executive Order 11246, as amended. The University's status as a federal contractor obligates it to maintain and analyze certain data with respect to the race and ethnicity of its workforce. In order to comply with these regulations the University requests its employees to voluntarily self-identify their race and ethnicity. The information provided will be kept confidential and used only in ways that are in accordance with federal and state laws, executive orders, and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement purposes.

Please answer the question below.

**Are you Hispanic or Latino?**

☐ **YES, I am Hispanic or Latino**

☐ Mexican/Mexican American/Chicano

(E) – A person of Mexican culture or origin regardless of race.

☐ Latin American/Latino

(5) – A person of Latin American (e.g. Central American, South American, Cuban, Puerto Rican) culture or origin regardless of race.

☐ Other Spanish/Spanish American

(W) – A person of Spanish culture or origin, not included in any of the Hispanic categories listed above.

☐ **NO, I am not Hispanic or Latino**

In addition, select one or more of the following racial categories that best describe you, if applicable.

☐ **AMERICAN INDIAN OR ALASKA NATIVE**

(C) – A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

**ASIAN**

☒ Chinese/Chinese American

(2) – A person having origins in any of the original peoples of China.

☐ Filipino/Pilipino

(L) – A person having origins in any of the original peoples of the Philippine Islands.

☐ Japanese/Japanese American

(B) – A person having origins in any of the original peoples of Japan.

☐ Korean/Korean American

(K) – A person having origins in any of the original peoples of Korea.

☐ Pakistani/East Indian

(R) – A person having origins in any of the original peoples of the Indian subcontinent (e.g., India and Pakistan).

☐ Vietnamese/Vietnamese American

(I) – A person having origins in any of the original peoples of Vietnam.

☒ Other Asian

(X) – A person having origins in any of the original peoples of the Far East or South East Asia (including Cambodia, Malaysia and Thailand).

☐ **BLACK OR AFRICAN AMERICAN**

(A) – A person having origins in any of the Black racial groups of Africa.

☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**

(Z) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Island.

**WHITE**

☐ European

(G) – A person having origins in any of the original peoples of Europe.

☐ Middle Eastern

(J) – A person having origins in any of the original peoples of the Middle East.

☐ North African

(N) – A person having origins in any of the original peoples of North Africa.

☐ White (not specified)

(F) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa (region not specified).

**INVITATION TO SELF-IDENTIFY VETERAN STATUS**

The University of California is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans, 4) Armed Forces service medal veterans; and (5) Vietnam Era Veterans.

**OVER ►**

☒ **I AM NOT A PROTECTED VETERAN. (O)**

☐ **I AM A PROTECTED VETERAN, BUT I CHOOSE NOT TO SELF-IDENTIFY THE CLASSIFICATIONS TO WHICH I BELONG. (P)**

**I belong to the following classifications of protected veterans (choose all that apply):**

☐ **DISABLED VETERAN (S)**

A “disabled veteran” is one of the following:

1. a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or 2. a person who was discharged or released from active duty because of a service-connected disability.

☐ **RECENTLY SEPARATED VETERAN** Please provide separation date \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM,YY)

A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

☐ **ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN (E)**

An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. For a list of officially recognized campaigns, please visit the U.S. Office of Personnel Management website at <http://www.opm.gov/policy-data-oversight/veterans-services/vet-guide/#9>

☐ **ARMED FORCES SERVICE MEDAL VETERAN (M)**

An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. To identify the military operations that meet this criterion, check your DD Form 214, Certificate of Release or Discharge from Active Duty.

☐ **VIETNAM ERA VETERAN (V)**

Vietnam Era Veteran means a person who:

1. Served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: a. in the republic of Vietnam between February 28, 1961, and May 7, 1975; or b. between August 5, 1964, and May 7, 1975, in all other cases; or 2. Was discharged or released from active duty because of a service-connected disability, if any part of such active duty was performed: a. in the republic of Vietnam between February 28, 1961, and May 7, 1975; or b. between August 5, 1964, and May 7, 1975, in all other cases.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box above.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.


The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status.

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#### **PRIVACY NOTIFICATION STATEMENT** (Revised February 22, 2010 for U5605)

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply personal information about themselves.

1. The principal purpose for requesting the information on this form is to comply with the following Federal requirements: (i) Title VII of the Civil Rights Act of 1964, as amended; (ii) Executive Order 11246, as amended; (iii) Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended; (iv) Section 503 of the Rehabilitation Act of 1973, as amended; (v) Title IV of the Higher Education Act of 1965, as amended (20usc 1094 (a) (17)); and (vi) Section 490 of the Higher Education Amendments of 1992 (P.L. 102–325), as well as relevant implementing regulations.
2. The information supplied on this form is kept confidential. It is used for required aggregated workforce data reporting to the federal government and for internal workforce statistical analysis, reporting, and outreach. It will be given to government agencies responsible for civil rights laws only when requested, or as otherwise required by law. The aggregated workforce data serves as a tool to the administration of campus equal employment opportunity/affirmative action and human resources programs. The information supplied on this form will be used only as described.
3. Furnishing the information requested on this form is voluntary. There is no penalty for not completing the form.
4. Individuals have the right to review their own records in accordance with University personnel policies and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President human resources and academic personnel offices.
5. The University offices responsible for maintaining the information supplied on this form are the UC Human Resources Office and UC Academic Advancement Office, and campus Equal Employment Opportunity and Affirmative Action Offices.

	<b>UNIVERSITY OF CALIFORNIA STATE OATH OF ALLEGIANCE. PATENT POLICY, AND PATENT ACKNOWLEDGMENT</b>	<b>EMPLOYEE'S NAME (Last, First, Middle Initial)</b> Yourk, Sokbrany		<b>DATE PREPARED</b> Mo/Dy/Yr 02/06/1997
	UPAY585 (R 11/2011) E0420 71443-180	<b>EMPLOYEE ID</b>	<b>DEPARTMENT</b> Epidemiology	<b>EMPLOYMENT DATE</b> Mo/Dy/Yr

**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.

**Taken and subscribed before me on:** \_\_\_\_\_  
Mo/Dy/Yr  
Signature of Authorized Official: \_\_\_\_\_  
Title: Human Resources Analyst  
County: \_\_\_\_\_ State: Ca

**Signature of Officer or Employee:** 

(Do not sign until in the presence of proper witness.)

NOTE: No fee may be charged for administering this oath.

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 1) within the course and scope of my University employment while employed by University, 2) during the course of my utilization of any University research facilities, or 3) 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 the 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.

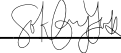
In signing this acknowledgment, I understand that the law, of which notification is given below, applies to me, and that I am still required to disclose all my inventions to the University.

**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 employer. (b) To the extent a provision in an employment agreement purports to require an 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.

Other Copies: 0-5 years after separation

**Employee/Guest Name (Please print):** Sokbrany Yourk

**Employee/Guest Signature:**  **Date:** 10/4/17

**Witness Signature & University Acceptance:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE SIGN STATE OATH AND PATENT ACKNOWLEDGMENT**

# UNIVERSITY OF CALIFORNIA PATENT POLICY—October 1, 1997

## I. PREAMBLE

It is the intent of the President of the University of California, in administering intellectual property rights for the public benefit, to encourage and assist members of the faculty, staff, and others associated with the University in the use of the patent system with respect to their discoveries and inventions in a manner that is equitable to all parties involved.

The University recognizes the need for and desirability of encouraging the broad utilization of the results of University research, not only by scholars but also in practical application for the general public benefit, and acknowledges the importance of the patent system in bringing innovative research findings to practical application.

Within the University, innovative research findings often give rise to patentable inventions as fortuitous by-products, even though the research was conducted for the primary purpose of gaining new knowledge. The following University of California Patent Policy is adopted to encourage the practical application of University research for the broad public benefit; to appraise and determine relative rights and equities of all parties concerned; to facilitate patent applications, licensing, and the equitable distribution of royalties, if any; to assist in obtaining funds for research; to provide for the use of invention-related income for the further support of research and education; and to provide a uniform procedure in patent matters when the University has a right or equity.

## II. STATEMENT OF POLICY

A. An agreement to assign inventions and patents to the University, except those resulting from permissible consulting activities without use of University facilities, shall be mandatory for all employees, for persons not employed by the University but who use University research facilities, and for those who receive gift, grant, or contract funds through the University. Such an agreement may be in the form of an acknowledgment of obligation to assign. Exemptions from such agreements to assign may be authorized in those circumstances when the mission of the University is better served by such action, provided that overriding obligations to other parties are met and such exemptions are not inconsistent with other University policies.

B. Those individuals who have so agreed to assign inventions and patents shall promptly report and fully disclose the conception and/or reduction to practice of potentially patentable inventions to the Office of Technology Transfer or authorized licensing office. They shall execute such declarations, assignments, or other documents as may be necessary in the course of invention evaluation, patent prosecution, or protection of patent or analogous property rights, to assure that title in such inventions shall be held by the University or by such other parties designated by the University as may be appropriate under the circumstances. Such circumstances would include, but not be limited to, those situations when there are overriding patent obligations of the University arising from gifts, grants, contracts, or other agreements with outside organizations.

In the absence of overriding obligations to outside sponsors of research, the University may release patent rights to the inventor in those circumstances when:

1. the University elects not to file a patent application and the inventor is prepared to do so, or
2. the equity of the situation clearly indicates such release should be given, provided in either case that no further research or development to develop that invention will be conducted involving University support or facilities, and provided further that a shop right is granted to the University.

C. Subject to restrictions arising from overriding obligations of the University pursuant to gifts, grants, contracts, or other agreements with outside organizations, the University agrees, following said assignment of inventions and patent rights, to pay annually to the named inventor(s), or to the inventor(s)' heirs, successors, or assigns, 35% of the net royalties and fees per invention received by the University. An additional 15% of net royalties and fees per invention shall be allocated for research-related purposes on the inventor's campus or Laboratory. Net royalties are defined as gross royalties and fees, less the costs of patenting, protecting, and preserving patent and related property rights, maintaining patents, the licensing of patent and related property rights, and such other costs, taxes, or reimbursements as may be necessary or required by law.

Inventor shares paid to University employees pursuant to this paragraph

represent an employee benefit. When there are two or more inventors, each inventor shall share equally in the inventor's share of royalties, unless all inventors previously have agreed in writing to a different distribution of such share.

Distribution of the inventor's share of royalties shall be made annually in November from the amount received during the previous fiscal year ending June 30th, except as provided for in Section II.D. below. In the event of any litigation, actual or imminent, or any other action to protect patent rights, the University may withhold distribution and impound royalties until resolution of the matter.

D. The DOE Laboratories may establish separate royalty distribution formulas, subject to approval by the President. Distribution of the inventor's share of DOE Laboratory royalties shall be made annually in February from the amount received during the previous fiscal year ending September 30th. All other elements of this policy shall continue to apply.

E. Equity received by the University in licensing transactions, whether in the form of stock or any other instrument conveying ownership interest in a corporation, shall be distributed in accordance with the Policy on Accepting Equity When Licensing University Technology.

F. In the disposition of any net income accruing to the University from patents, first consideration shall be given to the support of research.

## III. PATENT RESPONSIBILITIES AND ADMINISTRATION

A. Pursuant to Regents' Standing Order 100.4(mm), the President has responsibility for all matters relating to patents in which the University of California is in any way concerned. This policy is an exercise of that responsibility, and the President may make changes to any part of this policy from time to time, including the percentage of net royalties paid to inventors.

B. The President is advised on such matters by the Technology Transfer Advisory Committee (TTAC), which is chaired by the Senior Vice President—Business and Finance. The membership of TTAC includes the Provost and Senior Vice President—Academic Affairs, the Director of the Office of Technology Transfer, and representatives from the campuses, DOE Laboratories, Academic Senate, the Division of Agriculture and Natural Resources and the Office of the General Counsel. TTAC is responsible for:

1. Reviewing and proposing University policy on intellectual property matters including patents, copyrights, trademarks, and tangible research products;
2. Reviewing the administration of intellectual property operations to ensure consistent application of policy and effective progress toward program objectives; and
3. Advising the President on related matters as requested.

C. The Senior Vice President—Business and Finance is responsible for implementation of this Policy, including the following:

1. Evaluating inventions and discoveries for patentability, as well as scientific merit and practical application, and requesting the filing and prosecution of patent applications.
2. Evaluating the patent or analogous property rights or equities held by the University in an invention, and negotiating agreements with cooperating organizations, if any, with respect to such rights or equities.
3. Negotiating licenses and license option agreements with other parties concerning patent and or analogous property rights held by the University.
4. Directing and arranging for the collection and appropriate distribution of royalties and fees.
5. Assisting University officers in negotiating agreements with cooperating organizations concerning prospective rights to patentable inventions or discoveries made as a result of research carried out under gifts, grants, contracts, or other agreements to be funded in whole or in part by such cooperating organizations, and negotiating with Federal agencies regarding the disposition of patent rights.
6. Approving exceptions from the agreement to assign inventions and patents to the University as required by Section II.A. above.
7. Approving exemptions to University policy on intellectual property matters including patents, copyrights, trademarks, and tangible research products.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☒ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Sokbrany Yourk

Your Name

10/04/17

Today's Date

### For PPS Data Entry:

H- Yes, I have a disability  
(or previously had a disability)

N-No, I don't have a disability

D- I don't wish to answer

R- No response on form

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



## STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE

Name: Sokbrany Yourk

Title: \_\_\_\_\_

### Campus: University of California, Irvine

California law *requires* certain people to report known or suspected child abuse or neglect. You have been identified as one of those people – a “mandated reporter.” A summary of mandated reporter categories is provided at Appendix 1. Relevant provisions of the Child Abuse and Neglect Reporting Act (CANRA) are provided in Appendix 2. The complete statute can be found online at <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>.

### WHEN REPORTING ABUSE IS REQUIRED

A mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observes a person under the age of 18 years (even an enrolled or registered student) whom he or she knows or reasonably suspects has been the victim of child abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as practically possible by telephone, and must prepare and send a written report within 36 hours of receiving the information concerning the incident. [CANRA § 11165.6]

### ABUSE THAT MUST BE REPORTED

- *Physical injury* inflicted by other than accidental means. [CANRA § 11165.6]
- *Sexual abuse* meaning sexual assault or sexual exploitation of a child. [CANRA § 11165.1]
- *Neglect* meaning the negligent treatment, lack of treatment, or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. [CANRA § 11165.3]
- *Willful harming or injuring or endangering a child* meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child be placed in a situation in which the child or child's health is endangered. [CANRA § 11165.3]
- *Unlawful corporal punishment or injury* willfully inflicted on a child and resulting in a traumatic condition. [CANRA § 11165.4]

### WHERE TO CALL IN AND SEND THE WRITTEN ABUSE REPORT

Reports of suspected child abuse or neglect must be made to any police department or sheriff's department (not including a school district police or security department), county probation department (if designated by the county to receive mandated reports), or county welfare department. [CANRA § 11165.9] Campus Police accept reports.\* The written report must include the information described in CANRA § 11167(a) and may be submitted on form SS 8572, available online at [http://ag.ca.gov/childabuse/pdf/ss\\_8572.pdf](http://ag.ca.gov/childabuse/pdf/ss_8572.pdf). In addition, an internal report must be made to your supervisor or to the University Compliance Hotline. This internal report may be made anonymously.

**\* The report must be made immediately, or as soon as practically possible, to the Orange County Social Services Agency (800-207-4464) or the UCI Police (949-824-5223).**

### IMMUNITY AND CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

Mandated reporters have immunity from criminal or civil liability for reporting as required or authorized by law. [CANRA § 11172(a)] The identity of a mandated reporter is confidential and disclosed only among agencies receiving or investigating reports, and other designated agencies. [PC § 11167(d)(1)] Reports are confidential and may be redisclosed only to specified persons and agencies. Any violation of confidentiality provided by CANRA is a misdemeanor punishable by imprisonment, fine, or both. [PC § 11167.5(a)-(b)]

### PENALTY FOR FAILURE TO REPORT ABUSE

A mandated reporter who fails to make a required report is guilty of a misdemeanor punishable by up to six months in jail, a fine of \$1000, or both. [CANRA § 11166(b)]

### COPY OF THE LAW

Prior to my employment at the University of California, my employer provided me with a copy of CANRA sections 11165.7, 11166, and 11167. [CANRA § 11166.5(a)]

### ACKNOWLEDGEMENT OF RESPONSIBILITY

I have knowledge of my responsibility to report known or suspected child abuse or neglect in compliance with CANRA § 11166.

Signature 	Date 10/04/17
--	------------------



University of California, Irvine

**Elder/Dependent Adult Abuse -- Employee Notification**

California Welfare & Institutions Code Section 15630 requires that certain employees must report suspected abuse of elders or dependent adults. These employees, called "mandated reporters," must also sign a statement (this form), agreeing to comply with the reporting requirements, prior to commencing employment and as a prerequisite to that employment.

*University of California employees must sign this statement if they are likely to provide health or social services to elders or dependent adults, or if they work in a campus department which provides health or social services to elders or dependent adults.*

The definitions in the law can be summarized briefly as follows:

- Abuse -- Physical abuse, neglect, self-neglect, fiduciary abuse, abandonment, isolation, or other treatment that results in physical harm or pain or mental suffering. It also means the deprivation of goods or services that are necessary to avoid physical harm or mental suffering.
- Elder -- A person residing in the state who is 65 years or older.
- Dependent Adult -- Any person residing in the state, between the ages of 18 and 64 years, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights.

Pursuant to California Welfare & Institutions Code Section 15630, known or suspected abuse must be reported by telephone or through a confidential Internet reporting tool, as authorized by Welfare & Institutions Code Section 15658, immediately or as soon as practicably possible. If reported by telephone, a written report shall be sent, or an Internet report shall be made through the confidential Internet reporting tool established in W&I Code Section 15658, within two working days.

The full text of the law is available on the [California Welfare & Institutions Code](#) website.

I have knowledge of California Welfare & Institutions Code, Section 15630 and will comply with its provisions. I will file a report of abuse if, in my professional capacity, or within the scope of my employment, I (1) observe or have knowledge of an incident that reasonably appears to be abuse; or (2) am told by an elder or dependent adult that he or she has experienced abuse; or (3) reasonably suspect such abuse.

Signature 

Print Name Sokbrany Yourk

Date 10/04/17



Human Resources

## **Child Abuse Reporting Requirements**

State law requires that the University, as an employer, obtain from certain employees a signed statement regarding their knowledge of mandated child abuse reporting requirements. Because there are young children involved in a variety of projects and special programs on our campus, it is important that all departments be made aware of these requirements.

Penal Code 11165.7, which defines the term “mandated reporter,” appears below along with the reporting obligations (Pen. Code, § 11166) and the provisions for the content of reports and the confidentiality of those who report (Pen. Code, § 11167).

In sum, section 11166 of the Penal Code requires any “mandated reporter” who has knowledge of or observes a child in his or her professional capacity, or within the scope of his or her employment, who he or she knows or reasonably suspects has been the victim of child abuse or neglect to report the known or suspected instance of child abuse or neglect to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

The law exempts “mandated reporters” from any civil or criminal liability which may result from complying with the reporting requirements (except the making of a report known to be false) or from providing a child protective agency with access to a victim.

The statement regarding the knowledge of mandated child abuse reporting requirements appears below. All employees who have been identified as “mandated reporters” must read and sign the statement. One copy should be retained in the employee’s personnel file; the other copy should be retained by the employee.

# BENEFITS ELIGIBILITY LEVEL INDICATOR (BELI) AND STATUS QUALIFIER CODE (SQC)

## ASSIGNMENT OR REASSIGNMENT

UPAY 726 (R2/17) University of California Human Resources

This form should be completed by an employee's department when there is an initial assignment or reassignment of either a Benefits Eligibility Level Indicator (BELI) or Status Qualifier Code (SQC). Reassignment of a BELI or SQC may be required because of changes in the employee's conditions of employment.

**DEPARTMENT REMINDER: New employees should be given the New Hire Kit. Enrollment may be completed on AYS Online.**

### BELI CODE

The BELI code indicates an employee's eligibility for health and welfare benefits and controls access to the plans. **All employees must have a BELI assigned to them before they may enroll in benefits.** A BELI effective date must be entered, representing when the BELI status began. If the BELI has changed, have the employee sign this form and provide a copy of this form for their records.

BELI INITIAL ELIGIBILITY REQUIREMENTS—For Employees in Career, Academic, Limited, Partial Year Career, Contract and Floater Appointments		
BELI Code	Benefits Package	Requirements
1	Full Benefits	• Member of UCRP* or another UC-sponsored retirement plan
2	Mid-level	• 50% or more for 12 months or more in a class not eligible for UCRP membership (e.g., visiting titles)
3	Mid-level	• Not a member of UCRP • 100% time for at least 3 months, but less than 12 months
4	Core	• 43.75% or more but does not meet the percentage and duration requirements of BELI 1, 2, or 3
5	No benefits	• Less than 43.75%
P	Post Doctoral Scholar Benefits Plan (PSBP)	Post Doc employee, title code 3252 Post Doc fellow, title code 3253 Post Doc paid direct, title code 3254

BELI INITIAL ELIGIBILITY REQUIREMENTS—For Employees in Per Diem, Casual/Restricted (Students), By Agreement or Seasonal Appointments		
BELI Code	Benefits Package	Requirements
4	Core	• 75% for at least 3 months
5	No benefits	• Does not meet the percentage and duration requirement of BELI 4

### BELI Continuing Requirements

UC bases your ongoing eligibility for benefits on your average hours of service over a 12-month, standard measurement period (SMP). UC's SMP for monthly-paid employees is Nov. 1–Oct. 31; for bi-weekly paid employees, the SMP includes the pay periods inclusive of those same dates (for example, in 2017, it runs Nov. 6, 2016 until Nov. 4, 2017).

If your hours during the SMP meet the threshold to be offered coverage, then that coverage must be offered, and if accepted, will be provided during the subsequent stability period, regardless of your number of hours during the stability period (as long as you

remain employed). UC's standard stability period for all employees is Jan. 1–Dec. 31. If your hours during the SMP do not meet the threshold, then all coverage ends on Dec. 31.

The required average hours of service threshold is:

- For Career, Academic, Limited, Partial-Year Career, Contract, Floater: 17.5 hours per week
- For Per Diem, Casual/Restricted (students), By Agreement or other flat-dollar payments, Seasonal: 30 hours per week

### STATUS QUALIFIER CODE (SQC)

The SQC is used to prevent employees in qualified status situations from being reported as out of compliance on BELI Control Reports. Below are the allowable qualified status categories and their respective Status Qualifier Codes:

SQC Code	Qualified Status Category
10	Not currently in use
20	Average Appointment Percent Employee (Academic)
25	Academic Student Employee Graduate Student Researcher
30	Extended Sick Leave Recipient
40	Stay at Work/Return to Work
50	Not currently in use
60	Seasonal Employee
70	Not currently in use
80	Not currently in use
90	Sabbatical/Leave for Professional Renewal

SQCs should be entered on this form when a qualifying condition exists and should be deleted when the condition no longer applies. **No action is required in the SQC section unless a qualifying condition exists.**

### Status Qualifier Date

A Status Qualifier Date must be entered representing when the qualified status began.

### Deleting the SQC and Status Qualifier Date

To delete an SQC when the qualifying condition no longer applies, enter an asterisk in the appropriate box on the form for the SQC being deleted and for the status qualifier date.

\* Generally, there are three ways to qualify for UCRP membership:

- 1) appointed to work at least 50% time for a year or more in an eligible position;
- 2) worked 1,000 hours in a rolling 12-month period in a position eligible for UCRP membership.
- 3) Members of the Non-Senate Instructional Unit qualify for UCRP membership after working 750 hours in an eligible position within a 12-month period.

**BENEFITS ELIGIBILITY LEVEL INDICATOR (BELI) AND  
STATUS QUALIFIER CODE (SQC)  
ASSIGNMENT OR REASSIGNMENT**  
UPAY 726 (R2/17) University of California Human Resources

Fill in all the pertinent information.  
Send this form to your Accounting or  
Benefits Office or the person handling  
benefits for your department.

EMPLOYEE INFORMATION			
EMPLOYEE NAME (Last, First, Middle Initial)		ENTRY DATE	PERIOD OF INITIAL ELIGIBILITY DATE
EMPLOYEE ID NUMBER	SOCIAL SECURITY NUMBER	CAMPUS/LAB	DEPARTMENT

**BELI CODE ACTION**

☐ **INITIAL APPOINTMENT—BELI FOR NEW EMPLOYEE:** Your BELI is being set to \_\_\_\_\_. This chart represents the health and welfare benefits associated with each benefits package.

Health and Welfare Benefit Packages for Faculty and Staff	Medical	Core Medical	Dental, Vision	Legal	Basic Life	Core Life	Supplemental Life	Basic Dependent Life	Expanded Dependent Life	Basic Disability	Voluntary Short-Term/Long-Term Disability	AD&D, Health FSA, TIP	Auto/Home/Renter	DepCare FSA
<input type="checkbox"/> Full Benefits BELI 1	yes*	yes*	yes	yes	yes		yes	yes	yes**	yes	yes	yes	yes	yes
<input type="checkbox"/> Mid-level BELI 2,3	yes*	yes*		yes		yes	yes	yes	yes**	yes	yes	yes	yes	yes
<input type="checkbox"/> Core BELI 4		yes		yes		yes				yes	yes	yes		yes
<input type="checkbox"/> No benefits BELI 5														
<input type="checkbox"/> ASE/GSR BELI 5														yes

\* May not be enrolled in medical and Core medical plans concurrently.  
\*\* Must be enrolled in Supplemental Life.

Health and Welfare Benefit Packages for Post Doctoral Scholars	Medical	Dental, Vision	Standard Life	Short-Term Disability	Voluntary Long-Term Disability	AD&D, Health FSA, TIP
<input type="checkbox"/> Post Doctoral Scholar Benefits Plan BELI P	yes	yes	yes	yes	yes	yes

☐ **CHANGE OF BELI FOR CONTINUING EMPLOYEE**  
Your average hours have not met the required threshold during an applicable measurement period or a change in your employment status has occurred which impacts eligibility for benefits. The current BELI of \_\_\_\_\_ has been changed to \_\_\_\_\_.

☐ **CORRECTION OF ERRONEOUSLY ASSIGNED BELI:** Your current BELI of \_\_\_\_\_ has been changed to \_\_\_\_\_.

EMPLOYEE ACKNOWLEDGMENT: Your signature indicates neither agreement nor disagreement with your BELI, but it does indicate that you have been advised of the assignment and that you understand the effect that may occur. Detailed information about this BELI change, including information about COBRA and conversion rights, if appropriate, is being provided to you. Further information is available from your Benefits Representative.

EMPLOYEE SIGNATURE	DATE
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BELI CODE ACTION AND EFFECTIVE DATE			
Indicate BELI code and effective date in boxes provided	ASSIGNED BELI	BELI EFFECTIVE DATE	
		MO	DAY YEAR

STATUS QUALIFIER CODE ACTION		
Indicate qualifier code and date in boxes provided	QUALIFIER CODE	QUALIFIER DATE
		MO DAY YEAR

REQUIRED SIGNATURES		
COMPLETED BY	PHONE	DATE
DEPARTMENT APPROVAL	PHONE	DATE

**University of California, Irvine  
Personnel Forms  
Acknowledgement**

The University is required to provide the following information to all employees. Your signature at the bottom of this document signifies that you read, understood, and intend to comply with the requirements of the notices. This signed document must be returned to your supervisor within 30-days of receipt for inclusion in your personnel file.

- ☐ Employment Notices
  - [Access to Medical and Exposure Records](#) (Available in [Spanish](#))
  - [Affordable Care Act Notice](#)
  - [Employment Verification \(E-Verify\)](#) (Available in [Spanish](#))
  - [Equal Employment Opportunity is the Law](#) (Available in [Spanish](#))
  - [Family Care and Medical Leave and Pregnancy Disability Leave \(CFRA\) \(Notice B\)](#) (Available in [Spanish](#))
  - [Injuries Caused By Work](#) (Available in [Spanish](#))
  - [Minimum Wage Notice – California](#) (Available in [Spanish](#))
  - [Polygraph Protection Act](#) (Available in [Spanish](#))
  - [Pregnancy Disability Leave \(Notice A\)](#) (Available in [Spanish](#))
  - [Rights and Responsibilities under the Family and Medical Leave Act \(Federal\)](#) (Available in [Spanish](#))
  - [Right to Work](#) (Available in [Spanish](#))
  - [Safety and Health Protection on the Job](#) (Available in [Spanish](#))
  - [Time Off to Vote – California](#) (Available in [Spanish](#))
  - [Unemployment Insurance Benefits](#) (Available in [Spanish](#))
  - [Unemployment Insurance, Disability Insurance and Paid Family Leave](#) (Available in [Spanish](#))
  - [Veterans Rights and Protections](#)
  - [Whistleblower Protections](#)
  - [Workplace Discrimination and Harassment](#) (Available in [Spanish](#))
- ☐ [COBRA Notice](#)
- ☐ [Political Reform Act Disqualification Requirements](#)

*I have read the information contained in all of the above notices. I understand the information contained in the notices and will comply with the requirements stated therein.*

Sokbrany Yourk \_\_\_\_\_

Print Employee Name

Date Received: 10/4/17

By  \_\_\_\_\_

Employee Signature

Date Signed: 10/4/17



# UC Irvine Health

## CONFIDENTIALITY AGREEMENT UC IRVINE HEALTH

*Applies to all UC Irvine Health “workforce members” including: employees; medical staff and other health care professionals; volunteers; agency, temporary and registry personnel and trainees; house staff, students and interns (regardless of whether they are UC Irvine trainees or rotating through UC Irvine Health facilities from another institution).*

It is the responsibility of all UC Irvine Health workforce members, as defined above, including employees, medical staff, house staff, students and volunteers to preserve and protect confidential patient, employee and business information.

The federal Health Insurance Portability and Accountability Act (the “Privacy Rule”), the Confidentiality of Medical Information Act (California Civil Code § 56 et seq.), and the Lanterman- Petris-Short Act (California Welfare & Institutions Code § 5000 et seq.) govern the release of patient identifiable information by hospitals and other health care providers. The State Information Practices Act (California Civil Code sections 1798 et seq.) governs the acquisition and use of data that pertains to individuals. All of these laws establish protections to preserve the confidentiality of various medical and personal information and specify that such information may not be disclosed except as authorized by law or the patient or individual.

***Confidential Patient Care Information includes:*** Any individually identifiable information in possession of or derived from a provider of health care regarding a patient’s medical history, mental or physical condition or treatment, as well as the patients’ and/or their family members’ records, test results, conversations, research records, and financial information. (Note: this information is defined in the Privacy Rule as “protected health information”.) Examples include, but are not limited to:

- Electronic and paper medical and psychiatric records including photos, videos, diagnostic results, therapeutic reports, and laboratory and pathology samples;
- Patient insurance and billing records; Department
- based computerized patient data; Alphanumeric
- radio pager messages;
- Visual observations of patients receiving medical care or accessing services; and Verbal
- information provided by or about a patient.

***Confidential Employee and Business Information includes, but is not limited to the following:***

- Employee home telephone number and address;
- Spouse or other relative names;
- Social Security number or income tax withholding records; Information
- related to evaluation of performance;
- Other such information obtained from the University’s records which if disclosed, would constitute an unwarranted invasion of privacy;
- Peer Review and risk management activities and information are protected under California Evidence Code Section 1157 and the attorney client privilege; or
- Disclosure of confidential business information that would cause harm to UC Irvine Health.

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care, risk management and/or peer review activities.
2. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information relating to UC Irvine Health and its affiliates, including business, employment and medical information relating to our patients, members, employees and health care providers.
3. I shall only access or disseminate patient care information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of UC Irvine Health, or where no officially adopted policy exists, only with the express approval of my supervisor or designee. I shall make no voluntary disclosures of any discussion, deliberations, patient care records or any other patient care, peer review or risk management information, except to persons authorized to receive it in the conduct of UC Irvine Health affairs.
4. UC Irvine Health Administration performs audits and reviews patient records in order to identify inappropriate access.
5. My user ID is recorded when I access electronic records and that I am the only one authorized to use my user ID. Use of my user ID is my responsibility whether by me or anyone else. I will only access the minimum necessary information to satisfy my job role or the need of the request.
6. I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss information outside of the work place or within hearing of other people who do not have a need to know about the information.
7. I understand that any and all references to HIV testing, such as any clinical test or laboratory test used to identify HIV, a component of HIV, or antibodies of antigens to HIV, are specifically protected under law and unauthorized release of confidential information may make me subject to legal and/or disciplinary action.
8. I understand that the law specifically protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to legal and/or disciplinary action.
9. My obligation to safeguard patient confidentiality continues after I am no longer a UC Irvine Health workforce member.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. I understand that violation of this Agreement may result in violation of state and/or federal law, and may subject me to disciplinary action, up to and including termination from employment or affiliation with the University of California, and possible criminal and/or civil action.

Dated: 10/4/17

Signature: 

Department: Epidemiology

Print Name: Sokbrany Yourk