



Employee Information Form

Name: (last, first, m.i.) Date of Birth: SF State ID#:

New: (Sections A, B, C, D, E Required) Update: (Designee (B) Professional License (C) Education (C) Veterans Information (J) Citizenship (D))

NOTE: THIS FORM IS CONSIDERED INCOMPLETE WITHOUT AN EMPLOYEE SIGNATURE IN SECTION F

SECTION A: Oath of Allegiance and Declaration of Permission to Work

FOR ALL PERSONS EMPLOYED BY THE STATE OF CALIFORNIA (Only Complete Part 1 OR Part 2)

Part 1 - Oath of Allegiance (to be completed by United States citizens only)

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 to enter.

Part 2 - Declaration of Permission to Work (to be completed by legally employed non-citizens only)

I am a lawful permanent resident alien of the United States: Yes No

If No, please read the following: I hereby certify that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.

SECTION B: Designation of Person Authorized to Receive Warrants (designee must be 18 or older)

Pursuant to Section 12479 of the Government Code, I hereby designate the following person who, notwithstanding any other provision of the law, shall be entitled upon my death to receive all warrants that would have been payable to me had I survived. NOTE: Direct deposit payments are not subject to the provisions of this designation. You may change your designation at any time by completing a new form.

Name: Relationship: (last, first, m.i.)

Address: Telephone: email:

SECTION C: Education and Professional License (provide supporting documentation)

Highest Degree Completed: Date Completed:

Educational Institution: Location:

Professional License #: Type: Expiration Date:

SECTION D: Citizenship (complete all that is applicable and provide supporting documentation with I-9 form)

US Citizen: Yes No I-9 Form Completed: Yes No Country:

Document Type: Immigrant/Alien Registration Card F-1 Visa H-1 Visa J-1 Visa Other Visa:

Document #: Expiration Date:

SECTION E: Pre-designation of Physician

Physician Name: Address/Phone:

SECTION F: Employee Signature (this form is considered incomplete without an employee signature)

I affirm that all of the answers and statements on this form are complete and true to the best of my knowledge and belief.

Employee Signature: Date:

SECTION G: Authorized Personnel Signature (for office use only)

This form was completed and Oath subscribed before me on: (month) (day) (year)

Name: Authorized Personnel Signature:



Employee Information Form

Name: _____
(last, first, m.i.)

SF State ID#: _____

SECTION H: Gender

Male Female

SECTION I: Ethnic Heritage Voluntary Self-Identification

The CSU is an equal employment opportunity employer and is committed to treating all employees without regard to race, color, religion, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status, sex (including gender identity), age (over 40), sexual orientation, covered veteran status, or any other protected status. This form has been developed to assist us in monitoring the diversity of our workforce, and in collecting data that is required for compliance with State, Federal, and University reporting requirements.

This form, and any data submitted on the form, will be kept separate from your personnel file and will not be accessible by anyone involved with making recommendations or decisions regarding your employment. While your reply will be most helpful to us in reporting accurate data, completing this form is entirely voluntary.

Question 1 - Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Yes No

Question 2 - Regardless of your answer to Question 1, you may select one or more of the following categories that apply to you:

CATEGORY	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	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.
<input type="checkbox"/> Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian <input type="checkbox"/> Japanese	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: <input type="checkbox"/> Guamanian <input type="checkbox"/> Other Native <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

SECTION J: Veteran Voluntary Self-Identification

(check all boxes that apply to you)

Not a veteran I do not want to identify my veteran status

<input type="checkbox"/> Disabled Veteran	Either (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.
<input type="checkbox"/> Recently Separated Veteran (within 3yrs)	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. Discharge Date: _____
<input type="checkbox"/> Armed Forces Service Medal Veteran	Any 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 12985.2 (For the current list of military operations for which an Armed Forces service medal was awarded, visit http://www.opm.gov/Veterans/html/vgmedal2.htm .)
<input type="checkbox"/> Other Protected Veteran	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 the current list of campaigns and expeditions for which a campaign badge was authorized, visit http://www.opm.gov/Veterans/html/vgmedal2.htm .)