



**FIELDING SCHOOL OF PUBLIC HEALTH**  
**PERSONAL DATA FORM**

**EMPLOYMENT**   
 (Complete ALL information)  
**DATA CHANGE**   
 (Complete information to be changed)  
**TERMINATION**   
 (Complete personal address and contact information)

**I. EMPLOYEE NAME** (Legal name only)

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**II. PERSONAL ADDRESS AND CONTACT INFORMATION**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

If foreign mailing address, indicate:

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**III. EMERGENCY DATA** (Person to be notified in case of emergency)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

**IV. CAMPUS WORK INFORMATION**

Room & Building/Address: \_\_\_\_\_

Mail code: \_\_\_\_\_

Phone: \_\_\_\_\_

**V. PERSONAL INFORMATION AND CITIZENSHIP STATUS**

Sex:  Male  Female

U.S. Citizen?  Yes  No If **no**, indicate Visa Status: \_\_\_\_\_ Country of Residency: \_\_\_\_\_

**VI. DISCLOSURE OF INFORMATION**

Employee Organizations:

Home Address  Yes  No

Home Phone  Yes  No

For Official Campus Use:

Home Address  Yes  No

Home Phone  Yes  No

Spouse's Name  Yes  No

**VII. UC STUDENT STATUS**

Not Registered

Undergraduate Student Units this quarter: \_\_\_\_\_

Graduate Student Units this quarter: \_\_\_\_\_

**IIIX. EDUCATION**

Highest Degree: \_\_\_\_\_ Year Awarded: \_\_\_\_\_

**IX. PRIOR OR CONCURRENT UC EMPLOYMENT**

Campus: \_\_\_\_\_ Department: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

**X. RELATIVES EMPLOYED AT UC?**

Yes  No If **yes**, indicate Name, Relationship & Department: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_