



CALIFORNIA STATE UNIVERSITY, LONG BEACH
Information Sign-In Sheet

Part-Time	Full-Time	CCPE	Faculty/Lecturer	Staff/Administrative	TA	GA	ISA
Department: _____				Campus/Employee ID # (if known): _____			
Personal Profile							
Full Legal Name (must match social security card)							
Last Name _____		First Name _____		Middle _____			
Preferred Name (Name you would prefer to use) _____		Date of Birth (mm/dd/yyyy) _____		Social Security Number _____			
Address (Number, Street Name, Apt #) _____		City _____		State _____		Zipcode _____	
Driver's License Number and State _____		Phone number with area code _____		Gender: _____		Male Female	
Self Identification							
Compliance with this request is consistent with US Department of Labor regulations mandated by laws and Executive Orders. The information is treated with confidentiality and used in summary form only. This data is not used in personnel decisions.							
Citizenship: _____		US Citizen		Legal Permanent Resident		Other: _____	
Retirement/Contribution History							
Are you current employed by another California State Agency/Campus?				Yes		No	
If yes, which agency or campus: _____							
Are you currently participating in the State of California direct deposit program?				Yes		No	
Do you have prior California State service?				Yes		No	
Were you ever a member of the California Public Employees Retirement System (CalPERS)?				Yes		No	
If yes, are your retirement funds still on deposit?				Yes		No	
Are you a retired member of CalPERS?				Yes		No	
If yes, which agency: _____							
Emergency Contact/Payroll Designee							
Primary Emergency Contact							
Last Name, First Name, Middle Initial _____		Relationship _____		Home Phone Number _____			
Address (Number, Street Name, Apt #) _____		City _____		State _____		Zipcode _____	
Alternate Phone Number _____							
Secondary Emergency Contact (optional)							
Last Name, First Name, Middle Initial _____		Relationship _____		Home Phone Number _____			
Address (Number, Street Name, Apt #) _____		City _____		State _____		Zipcode _____	
Alternate Phone Number _____							
Payroll Designee: I hereby designate the following person, who is over age 18, to receive any paycheck(s) due to me from the University upon the event of my death. I understand that if the designee cannot be contacted within sixty (60) days after the date of my death, this designation will be null and void. This designation will remain in full force and effect during my employment until revoked in writing.							
Last Name, First Name, Middle Initial _____		Relationship _____		Home Phone Number _____			
Address (Number, Street Name, Apt #) _____		City _____		State _____		Zipcode _____	
Alternate Phone Number _____							
Oath of Allegiance (Must be completed if you are a US citizen): 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 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.							Please Initial Here _____

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

Employee Signature _____ Date _____

Received Handbook: _____