CAL POLY POMONA

PERSONAL DATA FORM

(HR/Payroll Use Only)	
SSN Verified by:	

EMPLOYEE DATA

Legal Name (as shown on the employee's Social Security Card)

Last:	First:	M.I.:	Social Security Number:

Previous/Maiden Name

Last:	First:	M.I.:	Bronco (Employee ID) Number:

Home Address ☐ Check here if mailing address* is the same as your home address

Street:	City:	State:	Zip:

Mailing Address* (if different than home address) **Important Note: Mailing address is used for university correspondence, including the annual mailing of W-2 tax forms.*

Street:	City:	State:	Zip:

Preferred Telephone Number:	Alternate Telephone Number (Not Required):	Date of Birth:
☐ Home ☐ Cell ☐ Other	☐ Home ☐ Cell ☐ Other	
( ) -	( ) -	Gender: ☐ Female ☐ Male

HIGHEST LEVEL OF EDUCATION

Highest Education Level or Type of Degree (i.e., High School Diploma, GED, some college, B.S., M.B.A., Ed.D, Ph.D, etc.):

Date Degree Received:	Major:

Institution Granting Degree:	City/State and Country:

CALIFORNIA PUBLIC EMPLOYEE'S RETIREMENT SYSTEM (CalPERS)

Indicate your membership status with CalPERS (Check all that apply)

☐ Never Been a CalPERS Member ☐ Previous Member*
☐ Current Member* ☐ Retired Member*

*Note: Employee must complete the CalPERS Member Reciprocal Self-Certification Form (PERS-CASD-801)

If previous or current member, are your funds still on deposit? ☐ Yes ☐ No If retired member, please indicate your CalPERS retirement date:

EMERGENCY CONTACT INFORMATION

Name:			Relationship:	
Home Phone: ( ) -	Work Phone: ( ) -	Cell Phone: ( ) -	Email (Not Required):	
Street:		City:	State:	Zip:

Employee Signature:	_____	Date:

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