

PERSONAL DATA FORM

(HR/Payroll Use Only)					
SSN Verified by:					

EMPLOYEE DATA										
Legal Name (as shown on the employ	ee's Social Sec	urity C	ard)							
Last:	First:			M.I.:		Social Security Number:				
Previous/Maiden Name	1									
Last:			M.I.:	Bronco (Employee ID) Number:						
Preferred Name (Some records, such However, whenever possible, your pr				legal nar	me, may not b	e able to	use your pr	eferre	d name.	
Last:	First:				M.I.:			1.1. :		
Home Address $\ \square$ Check here if mai	ing address* is t	the san	ne as your hoi	me addre	ess					
Street:		City:				State: Zip:			Zip:	
Mailing Address* (if different than hor annual mailing of W-2 tax forms.	ne address) * <i>Im</i> /	portant	: Note: Mailing	g address	s is used for u	ıniversity	correspond	ence,	including the	
Street:				City:			State:		Zip:	
Preferred Telephone Number: Home Mobile Mother	te Telephone Number (Not Required):				Date of Birth:					
() -	() -			_ =e.	Gender: ☐ Female ☐ Male ☐ Nonbinary					
HIGHEST LEVEL OF EDUCATION										
Highest Education Level or Type of D	egree (i.e., High	Schoo	ol Diploma, GE	ED, some	college, B.S.	., M.B.A.	, Ed.D, Ph.D	, etc.)	:	
Date Degree Received:					Terminal Degree ☐ Yes ☐ No (Highest Degree Awarded in Degree Major)					
Institution Granting Degree:	City/State and Country:									
CALIFORNIA PUBLIC EMPLOYEE	'S RETIREME	NT SY	STEM (CalPI	ERS)						
Indicate your membership status with CalPERS (Check all that apply) Never Been a CalPERS Member Previous Member* Current Member* Member Member* If previous or current member, are your funds still on deposit? Yes No If retired member, please indicate your CalPERS retirement date:										
EMERGENCY CONTACT INFORM					•					
Name:		Relat	Relationship:							
Home Phone: Work		Mobile Pho	Email	Email (Not Required):						
Street:		City:		State	State: Zip:					
Employee Signature:					_ Date:	Date:				