



Employee Name

Fresno State ID

Disability Status

(Item 125)

Please indicate your status by checking one of the following:

- A. Disabled Veteran, Vietnam era
- B. Special Disabled Veteran, Not of Vietnam era
- C. Other Eligible Veteran
- D. NONE of the above

If boxes A, B, or C are checked you MUST complete Disability Factor Code: _____

(See Disability Factor Code Listing Posted in Payroll)

Alien Status

(825/X-CCY)

If U.S. Citizen check box to the right, if NOT then complete boxes below. U.S. Citizen

X - Visa Type:

- F** Visa type (Non-citizen – student Visa)
- Permanent resident (**OOOR**) Non-resident (**OOON**) _____ (MO/YR) exp date
- J** Visa type (Non-citizen Exchange Visitor) D/S – enter as **9999**
- Z** Visa type All other types of non-citizen visas (e.g. H-1B, TN) _____

CC – See Chart for Country Codes

Y – Tax Resident Code: **R** – Resident **N** – Non-resident

ZZZZ – Work Authorization end date = ____ / ____ / ____ (MM/YY)

Drug Free Workplace Policy

The Drug Free Workplace Act of 1988, effective March 18, 1989, requires that the University certify that it will provide a drug-free workplace.

In compliance with the Act, employees are hereby notified that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in our workplace. Violation of this policy may result in disciplinary action, including but not limited to suspension and/or termination or a requirement to participate in an approved drug abuse assistance or rehabilitation program.

Employee must be aware that as a condition of employment they will abide by the terms of this policy and will notify the University of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction. The University must notify the federal agency involved of the conviction within 10 days of receiving such a notice. Within 30 days, the University will initiate the appropriate personnel action or require satisfactory participation in an approved drug abuse assistance or rehabilitation program.

I hereby certify that I have read, understand and will abide by the conditions of this policy.

Signature

_____/_____/_____
Social Security Number

Date



Employee Name

Fresno State ID

Ethnic Code

_____ Ethnic Code from below.

African – F	Filipino – G	Puerto Rican – B
Aleut – O	Guamarian/Chamorro – R	Samoan – Q
American Indian – H	Hawaiian – P	Vietnamese – L
Cambodian – U	Indo-European (Caucasian) - E	Other Asian – S
Caucasian - E	Japanese – I	Other Hispanic – D
Chinese – J	Korean – K	Other Pacific Islander – T
Cuban – C	Laotian – V	Other Non-White - X
Eskimo - N	Mexican/Mexican-American/Chicano - A	

Resident Address different from W-2 Address

Complete this section **ONLY IF** your residence address is different from your mailing or W-2 address completed on the Employee Action Request (EAR) form section F.

Resident Address

City, State and Zip

Please note:

Physical presentation of your Social Security Card (issued by the Social Security Administration) **MUST** be used for establishing a new employee. Copies or any other record cannot be used.

References:

? 7/1/98 MEMORANDUM to Theresa Hines, Office of the Chancellor from Linda MacAllister, University Counsel; Subject: Presentation of Social Security Card.

? 4/15/91 SALARIES, WAGES and BENEFITS audit recommendation, Board of Trustees, CSU

Employees must be directed to the SSA Office to initiate a request for duplicate SSA card for presentation. Should this be required, a RECEIPT of the request for a duplicate card must be requested during the SSA request to be used temporarily in processing the new hire.

Please complete information on reverse side.