

UCSF Residents & Clinical Fellows

New Hire Rehire Renewal

Employee Information (Name should be as it appears on Social Security card)						
First Name						
Middle Name						
Last Name						
ID # Generated via E*Value						
Home Department Code						
Division						
Title Code	<input type="checkbox"/> 2708 Intern 2728 PGY1 Pharmacy Resident <input type="checkbox"/> 2724 Resident 2729 PGY2 Pharmacy Resident <input type="checkbox"/> 2726 ACGME Clinical Fellow <input type="checkbox"/> 2732 Non-ACGME Clinical Fellow <input type="checkbox"/> 2740 non-MD Clinical Trainee					
Appointment Percent						
Appointment Begin Date						
Appointment End Date						
COA – for ID Card	Bus Unit	Fund	Dept ID	Project	Function	Flex Field
	SFCMP					
<input type="checkbox"/> PLEASE ATTACH COMPLETED FUNDING WORKSHEET						
Resident/Fellowship Coordinator Information						
Name						
Phone Number						
Email						
<i>Will be used for PAN Notices</i>						
<i>The forms below are required for New Hire processing</i>						
<input type="checkbox"/> UPAY585 – State Oath of Allegiance, Patent Policy & Patent Acknowledgment <input type="checkbox"/> Form I-9 – Employment Eligibility Verification Form <input type="checkbox"/> UCRS419 – Position Not Covered by Social Security <input type="checkbox"/> UC W-4/DE 4 – Employee’s Federal-State Withholding Allowance Certificate <input type="checkbox"/> U5605 – Demographic Data Transmittal <input type="checkbox"/> UPAY544 – Personal Data Form <input type="checkbox"/> UPAY702-2 – Payroll Earnings Distribution Authorization <input type="checkbox"/> UPAY726 – Benefits Eligibility Level Indicator (BELI) Form <i>For Non-Citizens only:</i> <input type="checkbox"/> UC W-4NR/DE 4 – Nonresident Alien Employee’s Fed-State Withholding Certificate <input type="checkbox"/> UC W8-Ben – Certificate of Foreign Status for Federal Tax Withholding						