CSU FORM SSA-1945 ST STATEMENT CONCERNING YOUR EMPLOYM ENT IN A JO

Privacy Notice

The Information Practice Act of 1977 (Civil Code Section 1798and) the Federal Privacy Act (Public Law 93-579) require this thotice be provided when collecting personal information from individuals.

The principal purpose for requesting information on this form isetify your identity, and to comply with federal law. CSU policy and state and federal statutes authorize the maintenance of this information.

It is mandatory to furnish all formation requested on this form.

CSU requires employee's social security number and name fotification purposes. Legal references authorizing maintenance this information include Government Code Sections 1151 and 1152ctions 6011 and 6051 of the Internal Revenue Code, and Regulations 404.1256Code of Federal Regulations, under Section 218, Titleoflthe Social Security Act.

Information provided on the form will be florarded to the appropriate governmental asgenThe official(s) responsible for thmeaintenance of the forms is:

UC HR/Benefits Records Management P.O. Box 24570 Oakland, CA 94623-1570

CalPERS – Form SSA-1945 P.O. Box 942715 Sacramento, CA 94229-2715

Please note: Forms for employees eligible for the DPA PSTaphamot mailed to that agency dazuse the plan does not meet diniteria of a pension-paying agency.