## HONORARIUM RECIPIENT EMPLOYMENT STATUS WORKSHEET

INFORMATION ABOUT RECIPIENT

## Social Security Number \_\_\_\_\_ Taxpayer ID Number \_\_\_\_\_ Name \_\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ If Foreign National – Country \_\_\_\_\_\_ Visa Type \_\_\_\_\_ Amount of Payment \_\_\_\_\_ The dates of activity at the University of California will be from \_\_\_\_\_\_ to \_\_\_\_ RELATIONSHIPS WITH THE UNIVERSITY OF CALIFORNIA SYSTEM Is this individual on record as a current employee of this Campus or another UC location? Yes \_\_\_\_\_ No \_\_\_\_ If Yes, which campus/location? Employee ID # \_\_\_\_\_\_ **CERTIFICATION** I certify that the information contained on this form is to the best of my knowledge and belief, true and complete. Signature of Honorarium Recipient or Responsible Department Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Part of University of California - Policy D-371-35 - Disbursements: Honorarium Payments Last revised: June 24, 2020