



Human Resource Services

Social Security Card Waiver

Last Name:	
First Name:	
Social Security Number:	
Position Title:	
Site / Department:	

I am opting not to submit a copy of my Social Security Card to the Human Resource Services Department of the Sacramento City Unified School District. I have been informed that I need to submit alternative documentation to satisfy the Federal and legal requirements required of the Payroll Services Department to verify my eligibility for employment.

Signature

Date

Print Name

Distribution: Original – Human Resource Services; Copy – Payroll Services