Sacramento City Unified School District

SOCIAL SECURITY VERIFICATION REQUIRED

Dependent Information

New federal law requires employees to provide Social Security Numbers for all covered dependent(s), wives, husbands, and children, in order to comply with new reporting requirements.

(Please print)

_____ _____ _____ _____
Last Name   First Name   Middle Initial   Date of Birth

_____ Phone: _____ _____
Social Security Number   (Area Code)

_____ _____ _____
Street Address   City   Zip

Bargining Unit: Please circle one:

SCTA   SEIU   CONF   TEAM   CSAA   UPE   SUPV / SUPA

Name	SSN#	Date of Birth	M/F	Relationship
_____	_____	_____	_____	_____
Name	SSN#	Date of Birth	M/F	Relationship
_____	_____	_____	_____	_____
Name	SSN#	Date of Birth	M/F	Relationship
_____	_____	_____	_____	_____
Name	SSN#	Date of Birth	M/F	Relationship
_____	_____	_____	_____	_____
Name	SSN#	Date of Birth	M/F	Relationship
_____	_____	_____	_____	_____
Name	SSN#	Date of Birth	M/F	Relationship
_____	_____	_____	_____	_____
Name	SSN#	Date of Birth	M/F	Relationship

(Use back for additional dependents)

When SCUSD and CalPERS transmit the SSN's to CMS, they will maintain all safeguards that comply federal standards with your personal information.

_____ _____
Signature   Date

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