



STATE OF FLORIDA LOYALTY OATH

I, _____, a citizen of the State of _____, county of _____, in United States of America and being employed by or an officer of the University of Central Florida and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

PUBLIC OFFICERS

A public or political office is defined as position that is held at the local, state, or national level and is the result of a public election or appointment in mid-term to a position normally determined by a public election. Prior to any offer of appointment as an employee or consultant, an appropriate review will be required to minimize the possibility of negative repercussions based on a perception that a conflict of interest exists in making such an appointment. For additional information, please visit the guidelines at: http://hr.ucf.edu/files/Guideline_Appt_Public_Office_09.05-21_BOApproved1.pdf.

Please check one box:

- I certify that I do currently hold, or have held in the past, a public or elected official position. Please indicate the Public or Elected Position Title: _____
I certify that I do not currently hold, or have held in the past, a public or political office.

NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION AND USAGE

Providing your Social Security number to the University of Central Florida is a required condition of employment. The Human Resources Department collects and uses your social security number only for the following purposes in performance of the University's duties and responsibilities. To protect your identity the University of Central Florida will secure your SSN from unauthorized access, will never release your SSN to unauthorized parties, and will assign you a unique employee identification number. This unique ID number is used for all associated employment and educational purposes. To ensure that you are properly linked to outside governmental entities such as the Internal Revenue Service, your social security number is used for any or all of the following legitimate business purposes:

Table with 2 columns: Purpose and Legal Authority. Rows include payroll/benefits, identification/screening, federal/state programs, and health benefits.

By checking this box, I certify that I have read and understand the Notification of Social Security Number Collection and Usage

UCF REGULATIONS AND POLICIES

By initialing here, I understand it is my responsibility to read and adhere to, as well as educate my subordinates about, UCF Policies and Regulations, which are located at http://policies.ucf.edu and http://regulations.ucf.edu/.

EMPLOYEE SIGNATURE SECTION

Employee Name (Print)

Employee Signature

NOTARY SECTION

Sworn to and subscribed before me this ___ day of _____, 20___, who is personally known to me or who produced as identification _____ (type of identification).

Notary Name (Print)

Notary Signature

(STAMP)

County

State