

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://www.hr.ucf.edu/web/records/Guideline_Appt_Public_Office_09.05-21_BOTapproved.pdf.

Please check one box:

- I certify that I do currently hold, or have held in the past, a public or elected official position.
- 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:

<ul style="list-style-type: none"> For processing payroll and other human resource functions, including benefits registration and processing, tax reporting, unemployment reporting, workers compensation, direct deposit, and payroll deductions (including for University gifts or services such as parking fees, etc.) 	<i>Required by the Internal Revenue Code (see sections 3402(f)(2)(A) and 6109 and implementing regulations)</i>
<ul style="list-style-type: none"> For use in the proper identification and background screening of employees, vendors and volunteers 	<i>Immigration and Control Act of 1986 – 8 USC 1324 (required)</i>
<ul style="list-style-type: none"> For use in administering federal and state programs, including verifying program eligibility and reporting data for accountability measures 	<i>Higher Education Act (HEA) of 1965 (see Sections 483 and 484) (required; authorized); Florida Statute 1001.706(5)(d) and 1008.31(3) (authorized)</i>
<ul style="list-style-type: none"> For use in processing employee health related benefits including medical claims and identifying patients 	<i>See Florida Statute 119.071(5)(a) and(5)(a)6.f. (authorized)</i>

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

SIGNATURE SECTION

Employee Name (Print)

Employee Signature

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