

**GUEST LECTURER'S PAYMENT INFORMATION:**

Name \_\_\_\_\_  
 (Last name) (First name) (Middle)

Home Address \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Contact Number(s) \_\_\_\_\_  
 (home / cell) (work / other)

E-mail Address \_\_\_\_\_

Social Security Number (SSN) or Independent Taxpayer Identification Number (ITIN): \_\_\_\_\_  
**Please Note:** If you do NOT have a SSN or an ITIN, UCLA CANNOT process payment.

U.S. Citizen Yes  No

**Please Note:** If you are a permanent resident or foreign national, you will need to complete additional University forms and provide your residence card/ or passport and visa. For information, contact Vanessa Curts at 310.794.9102 or at vanessac@arts.ucla.edu

CA Resident (for tax purposes) Yes  No

U.S. Resident (for tax purposes) Yes  No

Are you a near relative of a UC employee? Yes  No

**Please Note:** Near relative is defined as husband, wife, mother, father, daughter, son, sister, brother, and step relatives and in-laws in the same relationships.

If **YES**, please attach a Conflict of Interest Form completed by the UC Employee.

Are you currently, or have you ever been, employed by UCLA or another UC Campus? Yes  No

If **YES** - Current employee  Former employee

What is your UID? \_\_\_\_\_

What UC campus and department did you or are you currently working for?  
 UC Campus: \_\_\_\_\_ Department: \_\_\_\_\_

What was / is your job title? \_\_\_\_\_

Brief description of job duties \_\_\_\_\_

Are you being paid for work related to your former or current UC job? Yes  No

If you are a **former UC employee**, when were you separated / retired? (MM/DD/YY)\_\_\_\_/\_\_\_\_/\_\_\_\_

- Consultants are not allowed to receive or even bid on follow-on contracts to provide goods or services required, suggested, or deemed appropriate in the end product of their consulting services contract
- No University employee shall contract on his/her own behalf as an independent contractor to provide any University department with goods or services (**although there are exceptions for certain research and teaching personnel**)  
 No former University employee may enter into a contract with the University in which he/she is engaged in the planning, negotiations, or any part of the decision-making process, **for a period of 24 months after separation from the University;**
- No former University employee may enter into a contract with any University department if he/she is employed by that department in a policy-making role in the same general subject area as the contract, **for a period of 12 months after separation from the University**
- A University employee may be re-hired or re-appointed after retirement, consistent with University administrative policies.
- University departments requiring the services of a former UC employee should consult with the Purchasing Department to determine whether the former employee is subject to the prohibition.

**\*\*\* Penalties for failure to comply with the section of the Public Contract Code formerly known as SB 1467 are serious and include personal criminal sanctions (felony), voiding the contract, and doubled damages. \*\*\***

**EVENT INFORMATION:**

Class Course Title and Number \_\_\_\_\_

Topic / Title of Presentation \_\_\_\_\_

Date(s) of Presentation \_\_\_\_\_ Number Attendees: \_\_\_\_\_  
(estimate if actual not available)

Amount to be Paid \_\_\_\_\_

Location where service was provided (city and state) \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Signature of Prospective Payee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Faculty/Chair \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Faculty/Chair \_\_\_\_\_

-----**FOR OFFICE USE ONLY**-----

**EMPLOYEE STATUS:** Active / Inactive  Separated  Not Employed

Home Dept: \_\_\_\_\_ Separation Date (if applicable): \_\_\_\_\_

Job Title: \_\_\_\_\_

EDB Confirmed By: \_\_\_\_\_ Date: \_\_\_\_\_

**For re-hired retiree or former employee** – approved by CHR / Purchasing? Yes  No

Approved by CHR / Purchasing representative \_\_\_\_\_ on (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_

**Note:** Please attach approval documentation.

**For near relatives** – is Conflict of Interest Form approved by Purchasing? Yes  No

**Note:** Please attach approval documentation.

Purchase Order # (or attach BYA agreement) \_\_\_\_\_

FAU / Fund Source / Budget / Area to be Charged \_\_\_\_\_