

New Hire Authorization Form Computer Science Department

TO: Computer Science Personnel Office: 227 Eng. VI

Please process personnel action papers as follows:

Name: _____ UCLA Student: No Yes Email: _____

UCLA ID # _____ UCPATH # _____ Position # _____

Prior/Current UCLA Employment: No If Yes Indicate Department/Contact _____

ACTION STATUS:

Position (title) _____ Title Code _____ Step/Grade _____

Appointment Begin Date: _____ Appointment End Date _____ Appointment % Time _____

Rate of Pay: \$ _____ \$ _____ \$ _____
Per Hour Per Month Annual

(FOR STUDENT employees, if more than 50% employment is requested, a letter of justification must accompany this authorization.) Students may work full-time during inter-quarter periods and during summer: _____ Yes _____ No (Inter-quarter periods are from the last day of the quarter to the first day of registration)

***GSR Appointment:** Fall ___ Winter ___ Spring ___ /Or Academic Year _____

FEE _____ + NRST _____

You must establish your intent to make California your home one year prior to the residence determination date of the term for which you request resident status. You must be continuously physically present in California for more than one year (366 days) immediately prior to the residence determination date of the term for which you request resident status.

Comments: _____

Computer Science Account	CC	Fund	Account Name	Add - A Del. - D	Percentage	Effective Date	Ending Date	Fund Mgr. Approval
4-	-	-						
4-	-	-						
4-	-	-						
4-	-	-						

PI Approval Signature: _____

Date: _____

Employee Signature: _____

Date: _____

COMPUTER SCIENCE DEPARTMENT
UCPATH PROCESSING CHECKLIST

EMPLOYEE NAME: _____ PATH ID: _____

UC ID: _____ HIRE/REHIRE DATE: _____

TITLE: _____ SUPERVISOR/PROF: _____

- 1. POSITION REQUESTED: Transaction #: _____
- 2. POSITION NUMBER: _____
- 3. FUNDING REQUESTED: _____
- 4. I-9 TRACKER SENT: _____
- 5. I-9 DOCS REVIEWED/**PROFILE ID#**: _____
- 6. HIRE/REHIRE ENTERED: _____
(WS-enter pool ID#) (Mail UAW 2865 form to Labor Relations within 5 days of receipt) (Mail Oath/patient to CRU office)
- 7. HIRE APPROVED BY UCPC: _____
- 8. FLSA **(If applicable)**: _____
- 9. GLACIER: _____
- 10. TRS: _____
- 11. REMISSION: _____
- 12. DEFERRAL: _____
- 13. SSN LETTER: _____

FAU: _____

NOTES: