

***New Hire Authorization  
Form Computer Science  
Department***

Authorization forms for all new hires/rehires need to be submitted at least 10 working days in advance of requested begin date.

**TO: Computer Science Personnel Office: 277K Engineering VI**

***EMPLOYEE INFORMATION:***

Name: \_\_\_\_\_ UCLA Student: Yes No

UCLA ID # \_\_\_\_\_ UCPATH # \_\_\_\_\_ Position # \_\_\_\_\_

Employee Email: \_\_\_\_\_ FEE + NRST \_\_\_\_\_ (\*For GSR)

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

Position (title) \_\_\_\_\_ Title Code \_\_\_\_\_ Step/Grade \_\_\_\_\_

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

PI/Supervisor: \_\_\_\_\_ Appointment %Percentage: \_\_\_\_\_

**\*CS Appointment:(Please check all that are applicable)**

**Appointment Start Date :**

**Appointment End Date:**

9/11/21 End of Summer Inter-Quarter

12/31/2021 Fall End Date

9/20/21 Fall Quarter Begins

3/31/2022 Winter End Date

10/1/21 Fall GSR Start Date

6/30/2022 Spring End Date

1/1/2022 Winter Start Date

Other End Date: \_\_\_\_\_

4/1/2022 Spring Start Date

Other Start Date: \_\_\_\_\_

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

Comments: \_\_\_\_\_

PI/Supervisor 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: \_\_\_\_\_

Work Authorization  
on UCPATH

5. I-9 DOCS REVIEWED/**PROFILE ID#**: \_\_\_\_\_

Security Clearance  
on UCPATH

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: