

Renewal Authorization Form

Computer Science Department

TO: Computer Science Personnel Office: 277K Engineering VI

Please process personnel action paperwork as follows:

Name: _____ Effective Date: _____ Ending Date: _____

UCLA ID # _____ UCPATH # _____ Position # _____

Supervisor/Prof: _____ Student Email: _____

Action Status: Rehire, Additional Accounts, Deletions, Extension of Appointment, Change of Percentage, Termination

This action represents: (Please check all that are applicable)

Rehire
 Additional of account #
 Deletion of Account #
 Extension of Appointment
 (%) Percentage Change
 Renew
 Fund Change
 Termination
 Appointment % Time

Requested Pay Rate: \$ _____

***GSR Appointment:**

Summer _____ 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: _____

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: