

**Renewal Authorization
and Change in Status 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 Month \$ _____ Per Hour \$ _____ 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 Actions:

Other End Date: _____

4/1/2022 Spring Start Date

Additional of account #

Deletion of Account #

FAU Change

Other Start Date: _____

% Percentage Change

Extension of Appointment

End Appointment: Termination Date _____

Termination Reason _____

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: