__UCD School of Medicine__   **__PeopleSoft Input Document__**

Date:_____

Department Name:_____	**For Use by Dean's Office**
Department Alpha Code (Letters Only):_____	PEOPLESOFT
Alt Dept. Numeric Code (Numbers Only):_____	POS#: 010_____
Department Contact:_____ **Phone:**_____	
Reports To #:_____ **Location#:**_____	EMPLID#: 1000_____

Employee Type: GSR   Postdoc   Jr. Spec   VCF   HSCP-WOS   Faculty

Check all that apply below under Action Type

Action Type: Chng Series   Merit   Addl Emp   Change %   Promotion

                 New Appt.   Rehire   Extend/Reappt.

Does this Employee Have Patient Care Responsibility?   **Yes**   **No**   *(check one)*

Employee Name (last, first)_____

PeopleSoft ID#_____   **PPS#**_____

Appointment Begin Date:_____ **Appointment End Date:**_____

Title Code:_____ **Title:** _____

Appointment Percentage:_____**%** **Fixed/Variable:**___**Pay Schedule:**___**Annual Rate:**_____

Funding Information:

Distribution Begin Date:_____ **Distribution End Date:**_____

Account:_____**Step:**_____**O/A:**_____**Monthly Rate:**_____

Percent:_____**FTE:**_____**Fixed/Variable:**____**Pay Schedule:**_____**DOS:**_____

This Account is Subject to E-Verify: **Yes**   **No**   *(check one)*

Distribution Begin Date:_____ **Distribution End Date:**_____

Account:_____**Step:**_____**O/A:**_____**Monthly Rate:**_____

Percent:_____**FTE:**_____**Fixed/Variable:**_____**Pay Schedule:**___**DOS:**_____

This Account is Subject to E-Verify: **Yes**   **No**   *(check one)*

*Comments: *Explain (i.e., leaving university or transferring to another department)*

Funding Information:

Distribution Begin Date:_____**Distribution End Date:**_____

Account:_____**Step:**_____**O/A:**_____**Monthly Rate:**_____

Percent:_____**FTE:**_____**Fixed/Variable:**____**Pay Schedule:**_____**DOS:**_____

This Account is Subject to E-Verify: Yes   No   *(check one)*

Distribution Begin Date:_____**Distribution End Date:**_____

Account:_____**Step:**_____**O/A:**_____**Monthly Rate:**_____

Percent:_____**FTE:**_____**Fixed/Variable:**____**Pay Schedule:**_____**DOS:**_____

This Account is Subject to E-Verify: Yes   No   *(check one)*

Distribution Begin Date:_____**Distribution End Date:**_____

Account:_____**Step:**_____**O/A:**_____**Monthly Rate:**_____

Percent:_____**FTE:**_____**Fixed/Variable:**_____**Pay Schedule:**___**DOS:**_____

This Account is Subject to E-Verify: Yes   No   *(check one)*

Distribution Begin Date:_____**Distribution End Date:**_____

Account:_____**Step:**_____**O/A:**_____**Monthly Rate:**_____

Percent:_____**FTE:**_____**Fixed/Variable:**____**Pay Schedule:**_____**DOS:**_____

This Account is Subject to E-Verify: Yes   No   *(check one)*

Distribution Begin Date:_____**Distribution End Date:**_____

Account:_____**Step:**_____**O/A:**_____**Monthly Rate:**_____

Percent:_____**FTE:**_____**Fixed/Variable:**____**Pay Schedule:**_____**DOS:**_____

This Account is Subject to E-Verify: Yes   No   *(check one)*

Distribution Begin Date:_____**Distribution End Date:**_____

Account:_____**Step:**_____**O/A:**_____**Monthly Rate:**_____

Percent:_____**FTE:**_____**Fixed/Variable:**_____**Pay Schedule:**___**DOS:**_____

This Account is Subject to E-Verify: Yes   No   *(check one)*

*Comments: *Explain (i.e., leaving university or transferring to another department)*