

#### **Centrally Funded Positions**

Initiator Name:		Intiator Email:			Date:	
This form is filled	by:					
O Hiri	ng Manager	O Academic HR				
Appointment Rec	quest Information	- Position				
Request Type		ZenD	esk Ticket Nur	mber:		
Position Effective Date Proposed		Em	ployee Class:			
Job Code		Propos	sed Job Title:			
Grade:		Salary	Admin Plan		Salary Grade:	
Proposed Start Date		P	roposed End Date			
Percentage Time			Department:			
Fixed or Variable			Posting Length		<u>Department</u>	Code Help



#### Appointment Request Information - Continued

Position Working with Youth?	□Yes	□No	Fingerprinting Required?	□ Yes □ No
Background Check	□Yes	□No	Background Check Type	
Position Location:				Location Code Help
ustification - Must includ	de both	position	request and budgetary restr	riction details.



Appointment Request Info	rmation - Supervisor	
Supervisor Name	Supervisor Position Number (if known)	Supervisor Title
Timesheet Approver	Backup Timesheet	
Name/Email	Approver	
	Name/Email	

Financial Control Point		
Instructions: Select Financial Control Point for approval and routing.	Financial Control Point	



Budget and Fin	ancial	Information	
Centi Fund		CBR Rate	
Permane Fund		Provision Amount	
New Provisi	on?	Budgeted/ Non-Budgeted:	
Fund Effect Fund  Date End Da	Earn e Code	Chart of Account (Entity-Fund-Financial Dept-Purpose-Program-Project-Activity-Task-Award)	Pay Dist % (Must add up to 100% per Earn Code)
		TOTAL:	



Financial Control Point			
Name*	Email*	Date*	Comments*
Select Option*			
○ Approve Reject			
RPM			
Name*	Email*	Date*	Comments*
Select Option*			
○ Approve Reject			
Academic HR			
Name*	Email*	Date*	Comments*
Select Option*			
○ FYI only			



Position Administration			
Name*	Email*	Date*	Comments*
HR Team	humanresources@ucanr.edu		
	Position Number:		



Office Use Only	
Reviewer/ Approver Comments:	Submit Comments
Resend Lost Link: Send	