

Employment Request Form

Faculty **MUST** complete:

Rate of Pay: _____ Job Title: _____

Start Date: _____ End Date: _____

Funding Source (Cost Center) _____

Faculty Signature: _____

Departmental Use Only:

Title Code: _____

Account/Fund:

PPS Access: _____

New Hire: _____

Employee Information

Have you been or are you currently employed elsewhere on campus? YES NO

If yes, when _____ and which Department _____

Are you currently a registered student at UCSB? YES NO

Undergraduate Graduate Do you have Workstudy? YES NO

Full Name: (First, Middle, Last) _____

Address: Local _____

Address: Permanent (if different) _____

Email: _____

Phone: Local _____ Campus: _____ Other: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Social Security: _____ Date of Birth: _____

Signature: _____