To: Business & Financial Services
Payroll Office — MC 2040
3201 SAASB

New Hire / Rehire Cover Sheet

From: Department_________________________________________ Mail Code: __________

Contact Person: ___________________________________________ Ext: ________________

Employee’s Name: ____________________________, ________________________
(Last Name) (First Name) (Middle Initial)

Employee’s ID #: _________________________________

Please check one:
[ ] New Hire [ ] Rehire [ ] Other

Student Status: [ ] 1-Not registered [ ] 3-Undergraduate [ ] 4-Grad Student

Document(s) attached is (are):
[ ] Oath/ Patent
[ ] I-9
[ ] W-4
[ ] Direct Deposit (also available online: https://atyourserviceonline.ucop.edu/ayso/)
[ ] Other - Explain _______________________________________________________

To Department:
The entire packet will be RETURNED to you if signature(s), form(s) and/or supporting documents are missing/not properly filled out. The Payroll Office will NOT release the above employee’s check if the proper documents are not submitted.

Revised 7/7/17