



BUSINESS & FINANCIAL SERVICES

SANTA BARBARA, CALIFORNIA 93106-2040

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.