

**UCSC Data Collection Document  
CHANGE IN PERCENT TIME (PCNT)**

**Use this document when:**

- changing percent in time that employee is appointed to work

**NOTE:** If you are changing the percent time and extending the appointment refer to the SRNW Data Collection Document

EMPLOYEE NAME: \_\_\_\_\_

ID # \_\_\_\_\_

**EAPP - Appointments/Distributions**

Complete the following information, have the employee sign below, and provide a copy to the employee, if requested.

TITLE/TITLE CODE OF AFFECTED APPOINTMENT: \_\_\_\_\_

**If the appointment has a permanent change in percent time, you will end the current appointment and distribution(s), and then begin a new appointment and distribution(s). Note: Do not change the begin date of the appointment.**

**APPOINTMENT INFORMATION:**

ACTION CODE: (SYSTEM DERIVED)

APPOINTMENT END DATE: \_\_\_\_\_  
mmddyy

LEAVE ACCRUAL CODE, if changing: \_\_

**DISTRIBUTION INFORMATION:**

DISTRIBUTION END DATE: \_\_\_\_\_  
mmddyy

**If the employee has a temporary change in percent time you will only end the current dist and begin a new one. No change to current appointment is made.**

END CURRENT APPOINTMENT AND/OR DISTRIBUTION(S) EFFECTIVE: \_\_\_\_\_  
mmddyy

**NEW APPOINTMENT INFORMATION:**

(Not for temporary change in percent time)

ACTION CODE: (SYSTEM DERIVED)

NEW APPOINTMENT BEGIN DATE: \_\_\_\_\_  
mmddyy

New Appointment End Date: \_\_\_\_\_  
mmddyy

LEAVE ACCRUAL CODE, if changing: \_\_

**NEW DISTRIBUTION INFORMATION:**

Note: For a temporary action, the employee will need a distribution to return them to their original percent of time.

**If funding is changing**, enter ACTION CODE: **18** (Change in Fund Source)

NOTE: Change in % of time Action Code is system derived.

Indicate below the **new** account number, percent time, and pay end date, as applicable.

\*\* For additional distribution lines, attach the *Additional Distribution DCD* to the back of this page.

Loc \_ Account \_\_\_\_\_ Cost Center (CC) \_\_\_\_\_ Fund \_\_\_\_\_ Project/Activity \_\_\_\_\_ Sub \_

FTE \_\_ Dist. % \_\_ Pay Begin \_\_\_\_\_ Pay End \_\_\_\_\_ Step \_\_\_\_

O/A \_\_ Rate/Amt \_\_ DOS \_\_ PRQ \_\_ DUC \_\_\_\_\_ WSP \_\_

Loc \_ Account \_\_\_\_\_ Cost Center (CC) \_\_\_\_\_ Fund \_\_\_\_\_ Project/Activity \_\_\_\_\_ Sub \_

FTE \_\_ Dist. % \_\_ Pay Begin \_\_\_\_\_ Pay End \_\_\_\_\_ Step \_\_\_\_

O/A \_\_ Rate/Amt \_\_ DOS \_\_ PRQ \_\_ DUC \_\_\_\_\_ WSP \_\_

**EPER - Personnel-Misc.**

If the employee's **eligibility for benefits is changing** as a result of the renewal of appointment and/or the change in percent of time, **complete a BELI form**, and enter the new "**Assigned BELI**", "**Effective Date**", and any applicable "**Status Qualifiers**".

I certify that I have been notified of the above changes to the terms and conditions of my employment.

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Distribution of Forms:**

**Data Collection Document** - Retain in the employee's personnel file  
**BELI Form** - Payroll Office