

UCSC Data Collection Document
LIMITED/CONTRACT TO CAREER -- (LIMI)

Use this document for:

Changing a limited or contract appointment to a career appointment. A limited or contract appointment may be designated career at any time by the Unit Head if the incumbent was hired through the open recruitment process and the career appointment is at 50% time or more and is expected to continue for one year or longer.

In addition, an employee working in a limited position may be converted to career after attaining 1,000 hours of qualifying service for 12 consecutive months without a break in service of at least 120 consecutive calendar days. **NOTE: Please refer to Bargaining Unit Contracts** for more information.

EMPLOYEE NAME:	ID #:
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EAPP - Appointments/Distributions

1) End appropriate limited appointment effective: _____
mm/dd/yy

2) End appropriate limited distribution line(s) effective: _____
mm/dd/yy

NEW APPOINTMENT INFORMATION:

TITLE CODE: _____

CAREER TITLE: _____
(Not entered--system derived)

PERSONNEL PROGRAM: _____
(Not entered--system derived)

ACTION CODE: **(52)** Limited to Career

APPOINTMENT TYPE: **(2)** Career **(7)** Partial Year **(1)** Contract

BASIS: ____ *(Partial-Year Career Employees Only)*

APPT BEGIN DATE: _____
mm/dd/yy

APPT END DATE: _____
mm/dd/yy

DUR: **(I)** Indefinite **(B)** Career Other GRADE (if applicable): _____
(Leave Blank) (Budgetary end date)

% FULL TIME _____ **(F)** Fixed **(V)** Variable

ANNUAL/HOURLY RATE: _____
(System will derive)

RATE: **(A)** Annual **(H)** Hourly

SCHEDULE: MO BW

TIME: **(R)** Exception **(Z)** Positive

LEAVE CODE: A B C D

NEW DISTRIBUTION INFORMATION:

ACTION CODE(S), if applicable: _____

** For additional distributions information, please provide on a separate sheet.

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 _____

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 _____

Complete a BELI form to change the "Assigned BELI," the "Effective Date," and any applicable "Status Qualifiers" (if applicable). CURRENT BELI: _____ NEW BELI: _____ EFFECTIVE DATE: _____
mm/dd/yy

EMPLOYEE RELATIONS CODE: (i.e., A-G): _____ EMPLOYEE RELATIONS UNIT (i.e., CX, 99, etc.): _____
 PROBATIONARY PERIOD END DATE: _____
mm/dd/yy
 Limited Employment Credit Toward Probation: Yes No
 IF YES, AMOUNT OF CREDIT (PROVIDE CALCULATION): _____

 NEXT SALARY REVIEW DATE: _____ NEXT SALARY REVIEW TYPE: (04) Merit (43) Other:
mm/dd/yy
 DATE FINAL PROBATIONARY EVALUATION IS DUE IN STAFF HUMAN RESOURCES: _____
mm/dd/yy

EADD - Employee Address Data

Have the employee complete this section only if any of the following information is changing:

CAMPUS ADDRESS: BLDG. _____ CAMPUS PHONE: 1) _____ 2) _____ E-MAIL: _____
(Not entered in system)
 WHERE DO YOU WANT YOUR PAYCHECK SENT? (This must be a campus address): _____
 (To have your check direct-deposited to your bank account, request a Surepay form from your Personnel Rep.)

EPD1 - Employee Personal Data

To be completed by Personnel Rep if paycheck disposition is changing:

PAY DISPOSITION CODE: 000 _____

NOTE: Payroll Office will enter all Surepay information into the system.

PRIVACY NOTIFICATION

STATE: The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information: The principal purpose for requesting the information on this form is for payment of earnings, and for miscellaneous payroll and personnel matters, such as, but not limited to, benefits administration and changes in title and pay status. University policy and State and Federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory - failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the State and Federal governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Human Resources Offices and the campus Student Employment Services Office.

The officials responsible for maintaining the information contained on this form are: Staff and Academic Human Resources Managers at Campuses and the Office of the President, Student Employment Services Managers, Campus Department Managers, or Campus Accounting Officers.

I certify that the above terms and conditions of employment have been explained to me, that any personal data that I have provided on this form are correct, and that I have read and understand the privacy notification.

EMPLOYEE SIGNATURE _____ DATE _____

Distribution of Forms:

Data Collection Document - employee's personnel file

NOTE: Proposed revisions to this form must be reviewed by PPS Office personnel prior to being implemented.