OUTGOING TEMPORARY INTERCAMPUS TRANSFER
(use for Academic, Staff or Student appointment)

EMPLOYEE NAME: ______________________  ID # ______________________

Complete this document and DO NOT INPUT.
Forward to the Payroll Office for input, along with any other required documents noted.

FROM: UCSC  TO: __________
Effective Date of Transfer: __________

<table>
<thead>
<tr>
<th>LEAVE BEGIN DATE: mm/dd/yy</th>
<th>LEAVE RETURN DATE: mm/dd/yy</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEAVE TYPE: ____________</td>
<td></td>
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</tbody>
</table>

ELVE - Leave of Absence Data

PERMANENT ADDRESS (Where all benefits, tax documents [e.g., W-2], and payroll correspondence, will be mailed.)

| Line 1: ______________________ | Line 2 (if needed): ______________________ |
| CITY: ______________ | STATE: ___________ | ZIP: ______________ |

If this is a foreign address, provide the following:
| PROVINCE: ______________ | COUNTRY: ______________ | POSTAL CODE: ______________ |
| CAMPUS PHONE: 1) ______________ | 2) ______________ | E-MAIL: ______________ |

(Not entered in system)

EADD - Employee Address

If this is a student, will they continue with their enrollment at Santa Cruz while employed at another UC Campus?  □ Yes  □ No

UC Student Status: (1) Not Registered  (2) Not Registered Degree Candidate  (3) Undergraduate  (4) Graduate Student  (5) Not Registered. Graduate Degree Candidate at another UC  (6) Undergrad student at another UC  (7) Graduate Student at another UC

Host Campus Information:

| TITLE CODE: ______ | RATE: $ ______ /mo |
| UNIT WHERE EMPLOYEE WILL BE EMPLOYED: ______________________ |

SANTA CRUZ PERSONNEL REP NAME: ______________________

| PHONE: (____) __________ | E-MAIL: ______________________ |

OTHER CAMPUS CONTACT: UC __________

| NAME: ______________________ | PHONE: (____) __________ | E-MAIL: ______________________ |

- Unit should complete any internal leave of absence checklist
- Benefits will be continued at Host Campus. Employee does not complete the Continuation of Insurance form.
- Make sure there is no break in service between the employee’s end date at Santa Cruz and their begin date at the other campus.

Disposition of Forms:
This DCD must be received in the Payroll Office in accordance with the deadline indicated on the Blue Payroll Schedule, column 3.
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, withholding of taxes, benefits administration, and to comply with State and Federal affirmative action requirements. 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, Campus Accounting Officers, or Campus Affirmative Action Officers.

NOTE: Proposed revisions to this form must be reviewed by PPS Office personnel (x5189) prior to being implemented.