

**ACADEMIC APPOINTMENT FORM
UNIVERSITY OF CALIFORNIA, SANTA CRUZ
DIVISION OF UNDERGRADUATE EDUCATION
DIVISION OF GLOBAL ENGAGEMENT
DIVISION OF STUDENT AFFAIRS AND SUCCESS**

1. COMPLETED BY DEPARTMENT/UNIT	
Appointee Name:	Appointee Email:
Requesting Unit:	Appointee Phone:
Working Title:	Location of Work:
Account to be Charged:	Total Compensation:
Work Begin and End Dates and/or Actual Days/Hours:	
Description of Work:	
Academic Supervisor of Appointee:	Date:
Recommended by (Sign and Print):	Date:
Funding Authorization (Sign and Print):	Date:

2. COMPLETED BY ACADEMIC HUMAN RESOURCES	
Employee ID #	Home Division:
Payroll Title:	EARNs Code:
Pay Period End Date:	Paycheck Date:
Notes:	Recruitment Compliance (if applicable):
Reviewed by Academic HR Office (Sign and Print):	
Date:	
Approved by Dean (Sign and Print):	
Date:	

3. COMPLETED BY APPOINTEE	
To accept the appointment at the University of California, Santa Cruz please email your consent to this agreement to ue-ahr@ucsc.edu or sign and return this form to the Undergraduate Education Academic HR office located at 25B Kerr Hall. _____	
I accept the appointment under the terms described on this form.	
Appointee Signature:	Date: