

RETIRED EMPLOYEE APPROVALS FORM

UBEN 138 (R4/09) University of California Human Resources and Benefits

Return completed form to your location's Human Resources Office.

The hiring manager must complete this form including obtaining necessary approvals, for Retired Employees reemployed into appointments in staff positions regardless of the nature of the new appointment.

1. PERSONAL INFORMATION (Please type or print clearly)

NAME (Last, First, Middle Initial)	EMPLOYEE ID NUMBER
CAMPUS/LAB/MEDICAL CENTER	CAMPUS PHONE ()
DEPARTMENT ADDRESS	

Retirement date _____ Retirement election: Lump Sum Cashout Monthly Retirement Income (Please fill out Election Form)
Suspend monthly UCRP retirement: Yes No Date suspended _____

2. REHIREE APPOINTMENT INFORMATION

Accepted a career position via recruitment process Yes No Hiring manager name _____
Hired into same position Yes No. If yes, was position posted for recruitment Yes No
Appointment % time _____ Appointment begin date ____|____|____ Appointment end date ____|____|____
Appointment title _____ Appointment type _____
Does this appointment represent an Exception to Policy? Yes No Salary _____
Is there a current appointment at another UC location? Yes No If yes, provide details: _____

Please describe University need _____

Justification for an Exception to Policy _____

Attachments: Election Form Job description Other _____

SIGNATURES

DEPARTMENT HEAD AUTHORIZED SIGNATURE		DEAN/DIRECTOR/PRINCIPAL OFFICER AUTHORIZED SIGNATURE	
NAME (please print)		NAME (please print)	
DATE	PHONE ()	DATE	PHONE ()
CHIEF HUMAN RESOURCES OFFICER AUTHORIZED SIGNATURE		EXECUTIVE OFFICER AUTHORIZED SIGNATURE	
NAME (please print)		NAME (please print)	
DATE	PHONE ()	DATE	PHONE ()

Doc Type: P.T.O.

SEE REVERSE FOR INSTRUCTIONS AND DISCLAIMERS

INSTRUCTIONS

Please submit this approval document along with the completed *UCRP Retired Employee Election Form* (not required for Retired Employees who received a lump sum cashout) to local Human Resources Office at the time the Retired Employee is reemployed.

- This form will be used for compliance and reporting. All information must be filled in. Local Human Resources Offices can provide guidance and clarification for completing this form.
- This form is not a substitute for the *Rehired Retiree Election Form* which must be filled out by any rehired retiree who elected Monthly Retirement Income.

DISCLAIMERS

Unless there is explicit and specific authorization for an action by this policy, the action is considered to be a variation from the policy and must be approved as follows:

The President must endorse, and The Regents must approve, the variation to the policy for:

- Retired Employees reemployed into SMG positions
- Retired Employees whose annualized base salary plus any other cash compensation in the rehire position meets or exceeds the current Indexed Compensation Level. (The total compensation at the appointment rate in the rehire position will be used and not the conversion to derive a “full-time equivalent” amount, e.g., at 100 percent.)

For Retired Employees reemployed into staff positions, requests for approval for variations from this policy must be reviewed and signed off on by the local Chief Human Resources Officer and documented and approved by the location’s Executive Officer.

PRIVACY NOTIFICATIONS

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 about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. 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 transmitted to the federal and state governments when 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 Personnel Offices.

The official responsible for maintaining the information contained on this form is the Associate Vice President—University of California Human Resources and Benefits, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University’s record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article 1X, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011.6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.