

Current CCOA: _____

New CCOA (if applicable): _____

Gevirtz Graduate School of Education
Employment Request – Modification to Existing Appointment
(Non-Instructional Appointments Only)

Employee may begin work when this completed form is approved, employee eligibility is confirmed, and the employment has been processed in UC Path and when the employment Mod is distributed to PI/supervisor and employee by email. Appointments are contingent on the employee being eligible to work in the requested title, e.g., every student must be a registered under/graduate student in good standing for the duration of the appointment. If required, employment exception form must be approved and background check complete prior to start date. Refer to the hiring guidelines on the GGSE resources page: <https://education.ucsb.edu/ggse-resources>.

Employment requests are processed in the order received. To support an on-time hire please submit to Employment Analyst at least six weeks before the hire date.

Note: If job duties are changing or job has ended, this form cannot be used. Please complete a new Employment Request form. Job duties have not changed _____

Employee Name _____ Email _____@ucsb.edu

Student Status _____ Academic Home FRU _____

Position to be modified: Student Assistant GSR Work Location(s): _____
(e.g. Building # & Room #, Hybrid work, Remote, etc.)

Current

Position: _____ Pay Rate _____ Percent Time: _____
End Date: _____ Supervisor Name _____

Please select the field(s) to be modified and enter the new value. Leave unchanged fields blank.

Effective Date for FTE or Payrate _____ Effective Date for PC _____

(Effective dates not required if only End Date is being modified)

FRU Funding to Change: Yes No

New

Project #(s): _____ Pay Rate _____ Percent Time: _____ End Date _____
Supervisor Name _____ Short Work Break Begins _____ Return to Work _____

Supervisor _____ Name _____ Date _____

PI (if other than supervisor) _____ Name _____ Date _____

Account Manager _____ Name _____ FRU Hired in _____ Date _____

Additional Approval (if needed) _____ Name _____ Date _____

To be completed by Employment Analyst: Employment Location _____ Position # _____

Date Received: _____ Date Distributed: _____ 1st Pay Period: _____

Pay schedule: MO BW Time card required? Yes No Background check required? Yes No Received _____

CANRA required? Yes No Received _____ Employment Exception Required? Yes No Received _____