

REQUEST to HIRE

UC SANTA BARBARA Department of Geography

To be Completed by the Employee

Last Name, First Name

Mailing Street Address

City / State / Zip Code

Email Address

Date of Birth

SSN

To be Completed by the Supervisor

Payroll Account Number:

Project Code:

Position Title:

Job Description:

Position End Date

Salary Rate

Expected Hours per Week

Supervisor Name

Supervisor Signature and Date

Employee Signature and Date

To be completed by Department

UC Path Position Number

UC Path Employee Number

UC Path Entry Date

UC Path Approval Date

Position Start Date

TMAA

Email List

Payroll Checklist