

RETIRED EMPLOYEE APPROVALS FORM
UBEN 138 (R12/14) University of California Human Resources

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

The hiring manager must complete this form including obtaining necessary approvals (1) to hire a Retired Employee into a staff appointment regardless of the nature of the appointment, or (2) to extend a Retired Employee's current staff appointment. See Regents Policy 7706 for restrictions regarding Retired Employees.

PERSONAL INFORMATION (Please type or print clearly)

NAME (Last, First, Middle Initial)	EMPLOYEE ID NUMBER
CAMPUS/LAB/MEDICAL CENTER	RETIREMENT DATE
HIRING MANAGER NAME/DEPARTMENT	HIRING MANAGER PHONE ()

Retirement election: Monthly Retirement Income (Retired Employee must complete Notification Form) Lump Sum Cashout

Suspend monthly UCRP retirement: Yes No Date suspended _____

Length of break in service from initial retirement _____ calendar days

REHIREE APPOINTMENT INFORMATION

Check all that apply: New Appointment Appointment Extension Exception to Policy

Appointment type _____ If career, hired via recruitment process? Yes No

Appointment % time _____ Begin date _____ | _____ | _____ End date _____ | _____ | _____

Personnel program (e.g. SMG, MSP, PSS) _____ Job title _____ Annualized salary _____

For New Appointments Only:

Hired into same position Yes No. If yes, was position posted for recruitment? Yes No

For Extensions Only:

Date first hired as Retired Employee _____ | _____ | _____ End date of most recent appointment _____ | _____ | _____

Cumulative number of months employed as Retired Employee (at all UC locations) _____

Is there a current appointment at another UC location? Yes No If yes, provide details: _____

Please describe University need (attach additional pages if necessary)

Justification for an Exception to Policy (attach additional pages if necessary)

Attachments: Notification Form Job description Other _____

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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.

INSTRUCTIONS

Please submit this approval document along with the completed *UCRP Reemployed Retiree Notification 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 *UCRP Reemployed Retiree Notification 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 an exception to the policy and must be approved in accordance to Section IV. D. of the policy.

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, 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 IX, 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.