

I. EMPLOYEE NAME _____ EMPLOYEE ID _____

Career Appointment Contract Appointment - Fund Change(s) only

Limited Term Appointment*

*Note: Request to extend limited term appointments must be approved by the ANR Staff Personnel Unit.

Provide brief reason:

Current Account(s) Information:	Title Code	Dist #	Dist Begin Date	New Dist End Date	Dist %

II. APPOINTMENT INFORMATION

A. Continue appointment at _____ % through _____ (DATE)

OR

B. Appointment will not be extended. LAST DAY TO BE WORKED IS: _____ (DATE)

Reminder: The University must pay a separating employee on their next regular paydate or ON the last day of employment depending on the circumstances and personnel program.

III. NEW PAYROLL DISTRIBUTION

Note: An active DaFis account number must be provided.

Account Number	% of Time	Effective Date**	End Date

TOTAL _____ % (Must = II. A. above)

**If effective date is PRIOR to the current payroll period, please complete a [Salary Expense Transfer Request](#).

IV. APPROVALS

Supervisor

Fiscal Officer

Director

Human Resources

Please return this form to Business Operations Center - via PDF scan to the appropriate designee below. Thank you

BOCD TEAM

bocdpayroll@ucanr.edu

Please send this signed form to the BOC. An Employee's pay schedule (BW or MO) and the receipt date of this request will determine whether it is applied to the current payroll.