This form must be completed to (1) hire a Berkeley Lab/UC retiree into a Career, Term, or Limited appointment, or (2) to extend a retiree’s current Term or Limited appointment.

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| **Section 1 - PERSONAL INFORMATION** | | | | | | | | | |
| NAME (Last, First, Middle Initial) | | | | | | | | EMPLOYEE ID NUMBER | |
|  | | | | | | | |  | |
| DIVISION | | | | | | | | RETIREMENT DATE | |
|  | | | | | | | |  | |
| HIRING MANAGER / SUPERVISOR NAME | | | | | | | |  | |
|  | | | | | | | |  | |
| Retirement election: | Monthly Retirement Income | | | | Lump Sum Cashout | | | | |
| Suspend monthly UCRP retirement: | | Yes | No | | | Date Suspended: |  | |  |
| Length of break in service from initial retirement: | | | |  | calendar days | | | | |

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| **Section 2 - REHIREE APPOINTMENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check all that apply: | | | New appointment | | | | | | Rehire | | | | | | Appointment Extension | | | | | | | | | | Exception to Policy | | | | | |
| Appointment Type: | | Limited | | | | | Term | | Career | | | | | | If career or term, hired via recruitment process?  Yes  No | | | | | | | | | | | | | | | |
| *Please note that if a retiree received a lump sum cashout, the retiree can only be hired into a Limited appointment.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appointment % time | | % | | | Begin date | | |  | | | | | | | | End date | | |  | | | | | | | |  | | | |
| Job title |  | | | | | | | | | | Salary Amount | | | | | | | $ | | | | | Monthly  Hourly | | | | | | | |
| *For New Appointments Only:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hired into same position | | | | Yes  No | | | | | | If yes, was position posted for recruitment? | | | | | | | | | | | | | | | | | | Yes  No | | |
| *For Extensions and Rehire Only:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date first hired as Retired Employee | | | | | |  | | | | | | End date of most recent appointment | | | | | | | | | | | | | |  | | | |  |
| Cumulative number of years employed as Retired Employee (at all UC locations): | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |
| Total hours worked in rolling 12-month period (Limited only): | | | | | | | | | | | | |  | | | | As of date: | | | | |  | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there a current appointment at another UC location? | | | | | | | | | | | | | | Yes  No | | | | | | |  | | | | | | | | | |
| If yes, provide details of the other appointment including % time and the plan among locations to ensure the retiree does not work above 43%. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Describe the business need: |
|  |
| Describe the plan to transition out the Retired Employee: |
|  |

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| --- | --- |
| **Section 3 - EXCEPTIONS TO POLICY** | |
| Check all applicable boxes | |
|  | No exceptions |
|  | The Division requested the appointment period be longer than 12 months at a time |
|  | The Division requested the appointment period be longer than 24 cumulative months (including prior appointments) |
|  | The Division requested that the retiree works over 900 hours/43% time in a rolling twelve-month period in a Limited appointment |
|  | Management approval was requested after the effective date of the action |
|  | The retiree will temporarily be hired to fill a vacant Career position for training purposes or to complete a short-term assignment *and* there are no plans to recruit or fill the Career position within 30 days |
| Exception Justification | |
|  | |

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| **Section 4 - SIGNATURES** | | | | | | | | | | | | | | | |
| **SUPERVISOR** AUTHORIZED SIGNATURE | | |  | | | | | | | | | | | | |
| NAME |  | | | | | | | | DATE |  | |  | | | |
| **DIVISION DIRECTOR** AUTHORIZED SIGNATURE | | | | |  | | | | | | | | | | |
| NAME |  | | | | | | | | DATE |  | |  | | | |
| **ASSOCIATE LAB DIRECTOR** AUTHORIZED SIGNATURE | | | | | | |  | | | | | | | |
| NAME |  | | | | | | | | DATE |  | |  | | |
| **CHIEF HUMAN RESOURCES OFFICER** AUTHORIZED SIGNATURE | | | | | | | | |  | | | | | |
| NAME | Michelle Lee | | | | | | | | DATE |  | |  | | |
| **LAB DIRECTOR/DESIGNEE** AUTHORIZED SIGNATURE | | | | | |  | | | | | | | | |
| NAME | | Carol Burns | | TITLE | | | | Deputy Lab Director for Research | | | DATE | |  |  |