

PAYROLL: INTERLOCATION TRANSFERS AND APPOINTMENTS

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## PAYROLL: INTERLOCATION TRANSFERS AND APPOINTMENTS

I. INTRODUCTION

This chapter outlines the procedures to be followed when an employee transfers either permanently or temporarily from one University location to another, including the Lawrence Berkeley National Laboratory (LBNL) and Hastings College of the Law, or when an employee holds concurrent appointments at two or more locations.

The intent of these procedures is to maintain continuity in an individual's University employment history and benefits coverages when an individual is employed by more than one location or has transferred between locations with no break in service.

The procedures specified in this chapter are not intended to change existing intralocation routing and processing requirements.

II. PERMANENT INTERLOCATION TRANSFERS--SINGLE-LOCATION APPOINTMENTS

An interlocation transfer is considered permanent when an employee terminates employment at one location and accepts employment at another location, *without a break in service, regardless of the length of the appointment if there is no intent that the employee will return to the original location. The transfer is considered temporary when there is no break in service and the appointment is not greater than twelve months.*

The procedures presented in this section apply to all permanent interlocation transfers except transfers under the Education Abroad Program (EAP). (The procedures for such transfers are presented in section V, below.)

A. TERMINATING LOCATION1. Department

At the request of the hiring location department, the terminating location should use the online Employee Database Entry/Update system or prepare a personnel action form (PAF) or its equivalent or the Laboratory equivalent documents to record the transfer. If the On-line EDB Entry/Update system is used, print a copy of the Summary of Separation Action IDOC<sup>1</sup>.

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<sup>1</sup> The term IDOC refers to an employee document generated from the On-line EDB Entry/Update system, used by campuses and Hastings.

\* The Laboratory should use its equivalent forms and/or documents.

On the Summary of Separation Action IDOC or PAF/equivalent or the Laboratory equivalent documents, write: PERMANENT INTERLOCATION TRANSFER FROM \_\_\_\_\_ LOCATION, \_\_\_\_\_ DEPARTMENT, TO \_\_\_\_\_ LOCATION, \_\_\_\_\_ DEPARTMENT, EFFECTIVE \_\_\_\_\_.

### **Vacation and Sick Leave**

If applicable for intercampus transfers, indicate the accrued vacation and sick leave hours transferable to the hiring location on the Permanent Interlocation Transfer Terminating Location - Employee Data Sheet - UFIN301 (see Appendix A). If the amount of accrued vacation or sick leave is unknown, annotate that this information will be forwarded to the hiring location on the date of the transfer.

Accrued vacation leave balances can only be transferred between campuses. The terminating department should report the accrued vacation hours that the hiring campus should add to the employee's employment record.

### Hastings

Since Hastings College of the Law is a separate entity, locations cannot transfer accrued vacation leave balances between Hastings. Therefore, if an employee transfers to/from Hastings to a campus, vacation balances must be paid to the employee.

\*

### Lawrence Berkeley National Laboratory

Although Lawrence Berkeley National Laboratory (LBNL) is a separate entity, locations can transfer accrued vacation leave balances between LBNL and a campus in accordance with policy. The vacation hours may be transferred up to the maximum leave accrual in accordance with policy. The vacation dollars associated with leave hours transferred to LBNL **must** be paid by check or EFT issued to the LBNL. Sick leave balances, which are notational, can be transferred between all locations. There are separate accounting procedures that must be followed for transfers from the lab to the campuses.

II. PERMANENT INTERLOCATION TRANSFERS--SINGLE-LOCATION  
APPOINTMENTS

A. TERMINATING LOCATION (Cont'd.)

2. Staff Personnel or Academic Affairs Office

Upon approval of the Summary of Separation IDOC or PAF/equivalent or Laboratory equivalent documents, by the staff personnel or academic affairs office, route the form to the terminating location accounting office.

Immediately inform hiring staff personnel or academic affairs office that the transfer has been approved. A copy of the approved Summary of Separation IDOC or PAF/equivalent or Laboratory equivalent documents must be sent to the *hiring* location staff personnel or academic affairs office, along with the transferring employee's personnel file. (Some locations may wish to retain the file and send the history card only.)

\* Obtain a copy of the hiring New Hire/Rehire IDOC or PAF/equivalent or Laboratory equivalent documents and route it to the accounting office of the terminating location.

3. Accounting Office

Prepare the following forms: 1) Permanent Interlocation Transfer, Terminating Location - Transmittal Sheet ([UFIN 300](#)) (Appendix B); and 2) Permanent Interlocation Transfer, Terminating Location - Employee Data Sheet ([UFIN 301](#)) (Appendix A).

*Note: It is important for the terminating location to complete the Employee Data Sheet with as much information as possible and to report all applicable year-to-date totals to the new location.*

**Accrued Vacation**

Assessments for vacation leave accrual made at the former location will remain at that location; therefore, no interlocation transfer of vacation accrual liability (i.e., dollars) is required. All future payments for vacation leave taken will be funded by the new location. *Accrued vacation is paid to a transferring employee only if the transfer is to a classification/appointment that is not eligible for vacation credit accrual (See*

Accounting Manual chapter [P-196-13](#), Payroll: Attendance, Time Reporting, and Leave Accrual Records, for more information.)

### **OASDI and Medicare Contributions**

#### Intercampus Transfers:

If the employee's total earnings are expected to be greater than the OASDI taxable wage base, employer and employee year-to-date OASDI and Medicare contributions are transferred to the hiring location as follows:

- (1) Indicate on the Employee Data Sheet that the liability is being transferred;
- (2) Transfer funds to cover the OASDI and Medicare employer and employee year-to-date liability by preparing an intercampus financial journal;
- (3) Prepare a Balance Adjustment Worksheet form to remove the covered wages from the employee's payroll records;
- (4) Send copies of these forms to the hiring location accounting office.

If the employee's earnings are not expected to exceed the OASDI taxable wage base, the OASDI and Medicare liability should be retained by the terminating location. The applicable OASDI and Medicare taxes withheld by each location must be reported on the Form W-2 prepared for the employee by each location.

#### Interlocation Transfers:

OASDI and Medicare balances or funds are not transferred between the Laboratories, Hastings, and the campuses. The old location retains the employee's balances and reports them on the employee's Form W-2 at the end of the year. The new location begins taking deductions and also reports the covered earnings and taxes withheld on the employee's Form W-2 from that location. If there is an overpayment of OASDI taxes, the employee can claim a refund when his or her tax return is filed.

II. PERMANENT INTERLOCATION TRANSFERS--SINGLE-LOCATION APPOINTMENTS

A. TERMINATING LOCATION

3. Accounting Office (Cont'd.)

**Severance Pay Plan (SPP) Contributions/Funds<sup>2</sup>**

If the employee is a participant in the Senior Management Severance Pay Plan (SMSPP) the following transfers are made:

\*\*\*

(1) Intercampus Transfers

Prepare an intercampus financial journal to transfer the SPP contributions (principal) and the employee's SPP (interest) to the new location's financial control. The terminating location is responsible for any interest that may accrue on an employee's SPP funds until the transfer of the contributions and interest is completed.

Campus Accounting:

At fiscal year-end the SMSPP liability (including interest) must be recorded. Using the expenditure accounts and fund numbers established to record the compensated absences accrual, the following reversing journal entry should be made in the June 30 preliminary ledger:

Dr.	Expense	X-XXXXXX-XXXXX-X-1970
Cr.	SMSPP Liability	X-XXXXXX

This expenditure should be reported in the campus financial schedules as part of the compensated absences accrual total. Object code 1970 is used to identify the SMSPP accrual.

(2) Campus/Laboratory Transfers

If the employee is transferring from a campus to a Laboratory, the campus should prepare an intercampus financial journal. This journal should transfer both the contributions and accrued interest to the Office of the President, Laboratory Administration. The campus should notify the Laboratory of the

<sup>2</sup> Hastings does not participate in the University's SPP program,

\* however the Laboratory does participate.

\*Change 3/31/08

\*\*\*Deletion 3/31/08

employee's total plan balance.

If the employee is transferring from a Laboratory to a campus, the Laboratory should request, in writing, a transfer of the contributions and interest from OP Laboratory Administration to the new location. OP Laboratory Administration will prepare the intercampus financial journal.

(3) Terminating Location

- \* Send the above documents, a copy of the Summary of Separation IDOC or PAF/equivalent documents, and the employee's payroll file, including all insurance enrollment forms or the Laboratory's equivalent forms, to the hiring location accounting office.

B. HIRING LOCATION

1. Department

- \* Request a copy of the *terminating* location Summary of Separation IDOC or PAF/equivalent or Laboratory equivalent documents from the *terminating* location department.

- \* Prepare a hiring New Hire/Rehire IDOC or PAF/equivalent documents. On the New Hire/Rehire IDOC or PAF/equivalent documents write: PERMANENT INTERLOCATION TRANSFER FROM \_\_\_\_\_ LOCATION, \_\_\_\_\_ DEPARTMENT, TO \_\_\_\_\_ LOCATION, \_\_\_\_\_ DEPARTMENT, EFFECTIVE \_\_\_\_\_.

- \* Obtain the appropriate local approvals required for hiring the transferring employee and route the New Hire/Rehire IDOC or PAF/equivalent or Laboratory equivalent documents to the staff personnel or academic affairs office.

2. Staff Personnel or Academic Affairs Office

Upon approval by the staff personnel or academic affairs office, route the form(s) to the hiring location accounting office. In addition, a copy of the approved form(s) is sent to the *terminating* location staff personnel or academic affairs office.

- \* Obtain a copy of the *terminating* location Summary of Separation Action IDOC or PAF/equivalent or the Laboratory equivalent documents and route it to the hiring location accounting office.

II. PERMANENT INTERLOCATION TRANSFERS--SINGLE-LOCATION APPOINTMENTS

B. HIRING LOCATION (Cont'd.)

3. Accounting Office

\* On the hiring New Hire/Rehire IDOC or PAF/equivalent or Laboratory equivalent documents, enter the employee number and other data, as required.

Send a copy of the above form(s), to the *terminating* location accounting office.

Upon receipt of the *terminating* location intercampus Financial Journals, if applicable, prepare the appropriate responding entries.

Prepare a Balance Adjustment Worksheet form to add the dollar amounts to the employee's OASDI and Medicare records, if applicable.

C. DELAYED PROCESSING - TERMINATING LOCATION

If the terminating location is a campus and an overpayment is made to the employee, the campus should prepare an Employee's Earnings Record adjustment in the Payroll/Personnel System (PPS) to reverse the overpayment. This will produce the following entry:

Dr. Payroll Adjustment Clearing Account  
Dr. Other Liability Accounts  
Cr. Departmental Expense

***The overpayment should not be transferred to the hiring location.*** The terminating location is responsible for contacting the employee to negotiate a repayment schedule. If the employee does not agree to a reasonable repayment schedule or refuses to reimburse the University for the overpayment, the collection procedures described in Accounting Manual chapter [R-212-2](#), Receivables Management, should be implemented.

To move the receivable from the clearing account, the following entry is prepared:

Dr. Refund Due from Employee  
Cr. Payroll Adjustment Clearing Account

When the overpayment is recovered from the employee, the following entry is required:



Dr. Location Cash Account  
Cr. Refund Due from Employee

If the terminating location is a Laboratory or Hastings, the accounting office should follow similar procedures to recover the overpayment.

\*\* D. BENEFITS PROCESSING

The terminating location should complete the Permanent Interlocation Transfer Terminating Location - Employee Data Sheet ([UFIN 301](#)) (see Appendix A). In order to insure that the employee has continuous coverage and no duplicate benefit coverage occurs, the terminating location should complete the "Covered Through" column in the Enrolled Benefits section of the form for each benefit plan, as appropriate. The new location can then begin the employee's coverage with no overlap.

E. I-9, LOYALTY OATH AND PATENT ACKNOWLEDGEMENT FORMS

For many reasons, UC is considered as "one employer." If an employee has already completed the I-9 Form and signed the Loyalty Oath and Patent Acknowledgement Form, they should not be required to re-sign these forms again at the new campus location.

III. TEMPORARY INTERLOCATION TRANSFERS AND MULTILLOCATION APPOINTMENTS

The procedures detailed in this Section, except where specifically indicated, apply to both temporary interlocation transfers and multilocation appointments.

A. DEFINITIONS

1. Temporary Interlocation Transfers

An interlocation transfer is considered temporary when an employee at one location, designated the home location, accepts a position at another location, the host location, *for a period of twelve months or less*, with the intention of returning to work for the home location at the end of this period.

2. Multilocation Appointments

Multilocation appointments occur when an employee is employed by two or more locations simultaneously. The location at which the employee holds his or her primary employment is the home location. The location that employs the employee on an additional basis is the host location.

III. TEMPORARY INTERLOCATION TRANSFERS AND MULTILLOCATION APPOINTMENTS

## A. DEFINITIONS

2. Multilocation Appointments (Cont'd.)

Multilocation appointments may be of either short or long duration.

If the employee is initially hired at multiple locations simultaneously, one location must be designated as the home location. The following factors should be considered: largest percentage of time worked, longest duration of appointment, location with academic standing, etc. Under no circumstances should the employee's appointments exceed 100 percent.

## B. GENERAL PROCEDURES

The procedures for temporary interlocation transfers and multilocation appointments are identical in most respects, and both require ongoing communication between the home and host locations.

Payroll and personnel files are retained at the home location, which continues to issue paychecks to the employee. For employees paid against general assistance subbudgets, the home department is responsible for providing the home location accounting office with the necessary pay documents.

The amount earned during the period of the temporary interlocation transfer or multilocation appointments is paid by the home location and the expense applicable to the host location is transferred to that location. The home location account initially charged for amounts applicable to the host location is subsequently cleared to the appropriate financial control account. For transactions between a campus and a Laboratory or Hastings, a Form 5 or Purchase Order must be used to pay the amounts due to the home location.

When a temporary interlocation transfer ends, it is not necessary to prepare a separate set of documents to return employees to their original status on the home location. When the appointment on the host location ends, the home location accounting office can automatically reinstate the employee records to their original status.

## C. HOST LOCATION PROCEDURES

**Department**

Notify the *home* location staff personnel or academic affairs office, as appropriate, of the intention to process a temporary interlocation transfer or a multilocation appointment.

Prepare a UPAY 560-T, Temporary Interlocation Transfer or Multilocation Appointment Form (Appendix III). Include all information relevant to the proposed appointment on the host location. Obtain the appropriate local approvals for the appointment. Complete a Form 5 or Purchase Order if one or both of the locations (host or home) is a Laboratory or Hastings. If a campus is the host location and a Laboratory is the home location, the payroll burden rate from the Laboratory must be obtained in order to request the appropriate amount on the Form 5 or Purchase Order.

For campuses, if payment for service on the host location is drawn from general assistance funds, provide the home location accounting office with monthly pay documents.

**Staff Personnel or Academic Affairs Office**

When the appropriate approvals have been obtained, route the completed UPAY 560-T to the *home* location staff personnel or academic affairs office.

## D. HOME LOCATION PROCEDURES

**Staff Personnel or Academic Affairs Office.**

Upon receipt of the UPAY 560-T from the *host* location, obtain appropriate local approval for the appointment, route the form to the accounting office for processing, and send a copy to the home location department.

**Accounting Office**

Process the UPAY 560-T form for payment through regular payroll procedures. For transactions between campuses, transfer the expenditure applicable to the host location to that location via a financial journal entry. Attach a copy of the UPAY 560-T form to the journal entry and route to the host location accounting office. If the host location UPAY 560-T form is not available, the home location New Hire/Rehire IDOC or PAF/equivalent documents should be used to support the financial journals until the host location UPAY 560-T

III. TEMPORARY INTERLOCATION TRANSFERS AND MULTILLOCATION APPOINTMENTS

## D. HOME LOCATION PROCEDURES (Cont'd.)

form is available.

- \* The Laboratory and Hastings should follow their local procedures when payment is received with the UPAY560-T form.

## E. ACCOUNTING CODES

- \* For payments generated by the home location for temporary transfers or multilocation appointments, charge expenditure account 8895X0 (X represents the host location code), fund number 6999X (X is location option), and sub 0, 1, 2, or 7. Object codes 1000 and 1100 are used to transfer the gross salary, and object code 8910 is used to accumulate the staff benefits. This charge is subsequently cleared by financial journal.

- \* The Laboratory and Hastings should use their equivalent accounting procedures.

## F. BENEFIT CHARGES

Benefit charges include, but are not limited to, medical, dental, vision, short-term disability insurance, basic life insurance, worker's compensation, unemployment insurance, IAP offset, and graduate partial fee remission. Benefit charges do not include the General, Automobile, and Employment Practices Liability Assessment (GAEL) and other similar charges unrelated to employee benefits. GAEL charges are allocated expenses by Risk Services and are not transferred as part of the inter-location transfer process.

For multi-campus appointments, including Hastings, the home campus should include prorated benefits in its costs. For campus/Laboratory appointments, if the campus is the home location, it should charge the prorated amount for benefits. If the Laboratory is the home location, it must charge the campus its prorated payroll burden rate.

- \*\* The home campus records the payroll costs in a reportable expense account with Account Group Code (AGC) 300010 through 300130. A campus may use the same account currently being charged but must change the AGC of the accounts in the Corporate Account Fund Profile submission. The home campus is the source of the detailed benefits recorded in the Corporate Financial

Reporting CFR) System via the payroll expense distribution process. A copy of the expense distribution report is to be provided to the host campus. Both the home and host campuses are to use

\*\* object code 8910 to record the transfer of the benefits expenditures (credit at the home campus, debit at the host campus). Object code 8910 (on a consolidated basis) and the expense accounts (by campus) must have a financial balance of zero at the end of the fiscal year.

\*\* Each campus must ensure that all costs have been transferred to the host campus by fiscal year end.

#### IV. ONE-TIME INTERLOCATION PAYMENTS

A one-time interlocation payment is required when an employee at one location (home location) is eligible to receive a payment originating from another location (host location) for an event or service of short duration. A one-time interlocation payment should be paid from the home location. The procedures are identical to the procedures for temporary interlocation transfers except that the host department should prepare a UPAY 644C-T, Interlocation One-Time Payment Form (Appendix D), instead of a UPAY 560-T.

#### V. EDUCATION ABROAD PROGRAM (EAP) INTERLOCATION TRANSFERS

Employees transferring under the EAP should be paid by the home location, regardless of the duration of the transfer. The procedures to be followed for such transfers are similar to the procedures for Temporary Interlocation Transfers presented in Section III, above. However, EAP will prepare a one-time expense transfer crediting the home location department for the salary, benefits, and related expenses of the replacement position, i.e., an academic year Associate Professor appointment (step one). This transfer will be prepared by EAP at the beginning of the fiscal year as a financial journal entry and will eliminate the need for the home location to process any payroll transfers. Refer to Accounting Manual chapter [E-227-35](#), Education Abroad Program: Interlocation Transactions, for more information.

#### VI. RESPONSIBILITIES

The primary responsibility for expediting the processing of applicable forms rests with the academic affairs office for an academic appointee and the staff personnel office for a staff appointee. Since, in every case, authorization is required from more than one location, all approvals must properly identify the name, department, and location of the transferring employee.

VII. REFERENCES

Accounting Manual chapters:

[E-227-35](#) Education Abroad Program: Interlocation Transactions

[P-196-13](#) Payroll: Attendance, Time Reporting, and Leave Accrual Records.

[P-196-30](#) Payroll: OASDI and Medicare Contributions.

Assistant Vice President John Plotts, Memorandum to Accounting Officers on Intercampus Transfers, August 13, 1996.

Assistant Vice President John Plotts, Memorandum to Accounting Offices on Senior Management Severance Pay Plan (SMSPP) Liability, February 27, 1997.

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Historical note: Accounting Manual chapter first published 8/1/72; revisions: 11/1/72, 2/1/79, 2/1/81, 9/1/81, 6/1/82, 7/1/83, 3/1/84, 3/15/87, 1/31/89, 9/30/96, 6/30/97, 9/30/98, 3/31/99, 6/30/99, 6/30/01, 12/30/02, 12/31/03, 6/30/04, 3/31/08, 9/30/11, and 12/31/11; analyst John Barrett.



\*APPENDIX A

**UNIVERSITY OF CALIFORNIA  
PERMANENT INTERLOCATION TRANSFER  
TERMINATING LOCATION - EMPLOYEE DATA SHEET  
UFIN 301 (R10/11)**

<b>TRANSFERRING FROM:</b>		<b>TO:</b>		<b>EFFECTIVE DATE:</b>	
EMPLOYEE NAME (LAST, FIRST, MI)			SOCIAL SECURITY NUMBER		BIRTH DATE
				<input type="checkbox"/> M SEX	<input type="checkbox"/> F
LAST PAY DATE	ORIGINAL HIRE DATE	HIRE DATE	OATH DATE	I-9 DATE	VAC HRS
					SICK HRS
					AS OF
8233 EXP DATE	COUNTRY OF RES	CIT	VISA	EAD	RET SYS
					OASDI/MED
					PRIOR SERV MOS
					SERV CR MOS
					BEN HRS
OASDI COVERED GROSS*			CAREER HRS		
MEDICARE COVERED GROSS*			TRANSFERRING OASDI/MED LIABILITY TO NEW LOCATION		
RET. COVERED GROSS			<input type="checkbox"/> YES <input type="checkbox"/> NO		
SAFE HARBOR GROSS			IF NO, PROVIDE REASON:		
UCRP FISCAL YTD COV. COMP					
COVERED COMP. LIMIT CODE			<input type="checkbox"/> G <input type="checkbox"/> N		
<b>ENROLLED BENEFITS</b>				<b>ENROLLED DEPENDENT INFORMATION</b>	
MCB <input type="checkbox"/> under 47k <input type="checkbox"/> 47001-93k <input type="checkbox"/> 93001-140k <input type="checkbox"/> over 140k					
MEDICAL	PLAN NAME	COV CODE	COVERED THROUGH	NAME	DOB
				RELATION	SSN
				M	P
				V	L
DENTAL	<input type="checkbox"/> D1 <input type="checkbox"/> D3	COV CODE	COVERED THROUGH		
VISION	PLAN NAME	COV CODE	COVERED THROUGH		
LEGAL	PLAN NAME	COV CODE	COVERED THROUGH		
STATE DOMESTIC PARTNERS FORM	<input type="checkbox"/> YES <input type="checkbox"/> NO	COV CODE	COVERED THROUGH		
SUPPLEMENTAL LIFE	PLAN CODE	ANNUAL SALARY	COVERED THROUGH	<b>OTHER DEDUCTIONS**</b>	
DEPENDENT LIFE	PLAN CODE	ANNUAL SALARY	COVERED THROUGH	<b>DESCRIPTION</b>	<b>DED. AMT.</b>
SUPPLEMENTAL DISABILITY	WAITING PERIOD	MO SALARY	COVERED THROUGH		
AD&D	COVERAGE CODE	PRIN SUM	COVERED THROUGH		
DEPCARE FSA	ANNUAL AMT MONTHLY AMT EFF DATE	DECLINING BAL YTD AMT TERM DATE		<b>SPECIAL COMMENTS</b>	
HEALTH FSA	ANNUAL AMT MONTHLY AMT EFF DATE	DECLINING BAL YTD AMT TERM DATE			
403(B) MAC GTN 008 ***		457(B) MAC GTN 398 ***		PREPARED BY	
UCRP BUYBACK GTN 029 <input type="checkbox"/>	DED AMT	DECLINING BAL		EMAIL ADDRESS	
403(B) ST LOAN <input type="checkbox"/>	DED AMT	DECLINING BAL		PHONE	DATE:
403(B) LT LOAN <input type="checkbox"/>	DED AMT	DECLINING BAL			

\* IF TRANSFERRING TO LBL OR HASTINGS, FICA GROSSES RESTART.  
 \*\* AFTER TAX, UNION DUES, SALARY ATTACHMENTS, TAX LEVIES, OTHER STATE TAX (ATTACH UPAY 830).  
 \*\*\* THE 403(b) AND 457(b) MACs AT THE HIRING LOCATION SHOULD BE SET TO THE SAME VALUE AS THE MACs CURRENTLY AT THE TERMINATING LOCATION. THE AMOUNTS TO TRANSFER ARE THE UNUSED DECLINING BALANCES.

RETN: ACCOUNTING: 5 YEARS AFTER SEPARATION EXCEPT IN CASES OF DISABILITY, RETIREMENT, OR DISCIPLINARY ACTION, IN WHICH CASE RETAIN UNTIL AGE 70.

OTHER COPIES: 0-5 YEARS AFTER SEPARATION

INSTRUCTIONS ATTACHED

**\*APPENDIX A (Cont'd.)****Instructions for Completion of UFIN 301: Permanent Interlocation Transfer**

To ensure vacation and sick leave balances, UCRP service credit, retirement savings program and other benefits information transfer properly, benefit representatives at both locations should coordinate and work closely with the employee. Transferring employees do not have a PIE as a result of the transfer; in general, current benefits continue at the new location. Any changes are normally done at the next Open Enrollment.

**Definitions:**

**LAST PAY DATE:** Enter the last date for which the employee will be paid on the transferring (separating) campus

**ORIGINAL HIRE DATE:** Should reflect the first date of employment with the University of California (EPER)

**HIRE DATE:** Should reflect the most recent date of employment with the receiving (hiring) campus if the personnel action was a transfer (without a break in service) from another UC campus and should be completed at the time of hire or rehire only (IGEN).

**COUNTRY OF RES:** Enter the country of residence (IALN)

**RET SYS:** Enter 'U' for UCRP, 'H' for Safe Harbor, 'B' for Tier-Two or 'N' for Not Contributing (IGEN)

**OASDI/MED:** Enter 'E' for OASDI and Medicare, 'M' for Medicare Only and 'N' for not contributing to either OASDI or Medicare (IGEN)

**PRIOR SERV:** Enter prior service months (IPER)

**SERV CR:** Enter service credit from date (IHR2)

**BEN HRS:** Enter hours towards benefits eligibility (IHR2)

**CAREER HRS:** Enter hours towards career eligibility (IHR2)

**EAD:** Employment authorization document authorizes an alien to work in the U.S. for a period of time.

**8233 EXP DATE:** Refers to the tax treaty document and expiration of tax treaty benefits for a foreign national

**Citizenship code** is captured to assist in the determination of tax residency for tax withholding purposes only and should not be used for any other purpose.

**VISA** is also used for determining the tax residency for tax withholding.

**I-9 Form:** A copy of the original is transmitted with the UFIN301. If the receiving location notices the I-9 is incomplete or deficient it is advisable to take steps to correct the form.

**OATH Date:** Date the State Oath was signed or an amended version re-signed.

**Things that should be done to assist the employee:** The benefits representative or the person should advise the employee of the benefits and accruals that will be transferred. It is the transferring campus administrator's responsibility to complete the Interlocation Transfer form (UFIN301) and to transmit it securely to the receiving campus.

**Medical & Dental Benefits:** The receiving campus should verify that the employee can continue in the same medical plan since availability can vary by location. If the employee's plan is not available in their new location, the employee may enroll in a new plan. If the employee is enrolled in a medical plan with a service area and/or DeltaCare USA, the employee may need to change the primary care physician and/or dentist. The employee may receive a COBRA packet for continuing health benefits. You can inform the employee to disregard that information since benefits should continue at the new location.

**Flexible Spending Accounts:** When an employee transfers to a new UC location, participation in the flexible spending account plans remain at the same contribution level. If any monthly contributions were missed due to payroll deadlines, the new location must make a retroactive adjustment so that coverage and contributions are continuous. The transferring campus should delete the FSA end date on the ERET screen to ensure that the spending card is not disabled as a result of the separation date being transmitted to Conaxis.

**403(b) and 457(b) Plans:** If the employee is contributing to the 403(b), the 457(b) or the DC After-Tax plans, the employee will need to redo the contribution election for the new location. Refer the employee to Fidelity Retirement Services (netbenefits.com or 866-682-7787). Deferral elections are subject to payroll deadlines so contributions may be missed. Maximum annual contribution information should be transmitted from the departing campus to the receiving campus to assure that the employee does not inadvertently over-contribute to the tax-deferred savings plans. Hiring campuses should pay attention to, compare, and overwrite (when necessary) the assigned MAC on the ECEN screen in situations where the transferring employee will be 50 years or over as of the end of the calendar year. To ensure that any existing 403(b) loan repayments continue, coordination with the departing campus and/or Fidelity Retirement Services may be necessary.

**For further information see Accounting Manual Chapter on Interlocation Transfers** <http://www.ucop.edu/ucophome/policies/acctman/p-196-38.pdf> **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 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 1X, 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.





**UNIVERSITY OF CALIFORNIA  
PERMANENT INTERLOCATION TRANSFER  
TERMINATING LOCATION - TRANSMITTAL SHEET  
UFIN 300 (R12/02)**

<b>TRANSFERRING</b>	<b>FROM:</b>	<b>TO:</b>	
<b>EMPLOYEE NAME (LAST, FIRST, MI)</b>		<b>SOCIAL SECURITY NO.</b>	<b>EFFECTIVE DATE</b>

- |                          |   |
|--------------------------|---|
| <b>ATTACHED</b>          | <b>NEEDED</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> <b>EMPLOYEE DATA SHEET</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> <b>TERMINATION INFORMATION (IGEN) OR SUMMARY OF SEPARATION ACTION IDOC</b> |
| <input type="checkbox"/> | <input type="checkbox"/> <b>NEW HIRE/REHIRE IDOC</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> <b>EMPLOYEE FILE</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> <b>EMPLOYEE EARNINGS RECORD</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> <b>OASDI/MEDICARE DOLLAR BALANCE ADJUSTMENT (UPAY649)</b>                  |
| <input type="checkbox"/> | <input type="checkbox"/> <b>OASDI/MEDICARE JOURNAL</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> <b>INSURANCE INFORMATION</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> <b>COPY OF OVERPAYMENT DETAIL</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> <b>SEVERANCE PAY PLAN RECORDS</b>  |

<b>COMMENTS</b>
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<b>FROM</b>	<b>E-MAIL ADDRESS</b>		
<b>PHONE NUMBER</b>	<b>FAX NUMBER</b>	<b>DATE</b>	

RETN: ACCOUNTING: 5 YEARS AFTER SEPARATION, EXCEPT IN CASES OF DISABILITY, RETIREMENT, OR DISCIPLINARY ACTION, IN WHICH CASE RETAIN UNTIL AGE 70.  
OTHER COPIES: 0-5 YEARS AFTER SEPARATION.

\*APPENDIX C UPAY 560-T

<b>TEMPORARY INTER-LOCATION OR MULTI-LOCATION APPOINTMENT FORM</b> UPAY 560-T (R8/11)						<input type="button" value="Print Form"/>
<input type="checkbox"/> Inter-location Transfer			<input type="checkbox"/> Multi-location Transfer			
HOME LOCATION: _____		HOME DEPARTMENT: _____				
HOST LOCATION: _____		HOST DEPARTMENT: _____				
HOME LOCATION INFORMATION						
EMPLOYEE NAME: _____		EMPLOYEE ID #: _____		TITLE CODE: _____		
HOME LOCATION APPOINTMENT TITLE: _____		STEP/GRADE: _____		MONTHLY OR HOURLY SALARY: _____		
PRIMARY PAY SCHEDULE <input type="checkbox"/> MO <input type="checkbox"/> BW		<input type="checkbox"/> 09/09 <input type="checkbox"/> 09/12 <input type="checkbox"/> 11/12		APPOINTMENT %: _____		
HOST LOCATION INFORMATION						
HOST LOCATION TEMPORARY OR MULTICAMPUS APPOINTMENT TITLE: _____			TITLE CODE: _____		STEP/GRADE: _____	
PRIMARY PAY SCHEDULE <input type="checkbox"/> MO <input type="checkbox"/> BW		<input type="checkbox"/> 09/09 <input type="checkbox"/> 09/12 <input type="checkbox"/> 11/12		APPOINTMENT %: _____ <input type="checkbox"/> FIXED <input type="checkbox"/> VARIABLE		
MONTHLY OR HOURLY SALARY: _____			DESCRIPTION OF SERVICE (DOS) CODE (e.g. REG, Regular, BYN, By Agreement): _____			
PAY PERIOD DATES: _____ TO _____			ACCOUNT NAME: _____			
HOST LOCATION FUND SOURCE TO BE CHARGED: _____			DIST%: _____			
LOCATION    ACCOUNT    COST CENTER    FUND    PROJECT    CODE    SUB (0,1,2,5 or 7 ARE THE ONLY VALID SUBS)						
REASON FOR APPOINTMENT						
APPROVALS						
_____		_____		_____		
Host Location Fund Source Authorization		Host Location Dean's Office/Academic or Staff Personnel		Home Location Dean's Office/Academic or Staff Personnel		
_____		_____		_____		
Host Location Contact Name		Phone Number	Email Address	Home Location Contact Name		
				Phone Number		
				Email Address		
Date: _____			Date: _____			
RETN ACCOUNTING: 5 YEARS AFTER SEPARATION, EXCEPT IN CASES OF DISABILITY, RETIREMENT, OR DISPLINARY ACTION, IN WHICH CASE RETAIN UNTIL AGE 70. OTHER COPIES: 0-5 YEARS AFTER SEPARATION.						
CC:EMPLOYEE'S HOME DEPARTMENT						

\*APPENDIX C (Cont'd.)**TEMPORARY INTER-LOCATION OR MULTI-LOCATION APPOINTMENT FORM INSTRUCTIONS**

**Home Location/Department:** Location/Department where currently employed.

**Host Location:** Location/Department where activity is being performed

**Home Location Information: (to be obtained from Home Department)**

**Employee Name:** Name as entered on EDB **Employee ID#:** Employee ID number at Home Campus

**Home Location Appointment Title:** Employee title at Home Department

**Title Code:** Title on home campus appointment

**Step/Grade:** Step/Grade of home appointment (if applicable)

**Monthly or Hourly Salary:** Enter salary of home department appointment

**Primary Pay Schedule:** Check MO or BW

**9/9, 9/12, 11/12:** Check appropriate box if home appointment is an academic appointment other than 12/12

**Appointment%:** Indicate distribution percentage of appointment

**Host Location Information: (to be provided by Host Department)**

**Host Location Temporary or Multi-location appointment title:** Enter a valid PPS title which relates to the appointment at the host campus

**Title Code:** Enter a valid PPS title code which relates to the appointment at the host campus

**Step/Grade:** Enter correct Step or Grade as applicable for host campus appointment

**Primary Pay Schedule:** Check MO BW (*Note: Pay schedule will need to correspond to Home Location pay schedule. An employee cannot have both a BW and MO appointment at the same time*)

**9/9, 9/12, 11/12:** Check appropriate box if host appointment is an academic appointment other than 12/12

**Appointment %:** Indicate the percentage of time per month that the appointment covers

**IF PAID HOURLY:**

**\*Check Box for Fixed:** Enter amount of hours per pay period

**\*Check Box for Variable:** Indicate "time sheet to be submitted to home campus for each pay period"

**Monthly or Hourly Salary:**

**\* If Monthly Salary Rate:** This should be the monthly rate that will be entered on the IAPT screen. Can only be entered for employees with a primary pay period of MO

**\* If Hourly Salary Rate:** This should be an hourly rate

**DOS Code:** Enter valid PPS DOS code for one time payment

**Pay Period Dates:** List complete dates of appointment. Must contain both start and end date

**Account Name:** Enter title of FAU to be charged

**Host Location Fund Source to be Charged:** Enter full accounting unit, Must be an appropriate FAU (including sub)(0,1,2,5 or 7 are the only valid subs) for Payroll Expense

**Distribution %:** Enter the distribution percentage

**ROUTING INSTRUCTIONS**

Home Location Instructions:

1. Receive completed and signed form from host campus
2. Obtain appropriate home campus personnel signatures
3. Forward to Home Campus Payroll Office to coordinate payment

Host Location Instructions:

1. Obtain home location information from home location department
2. Complete **all** fields in Host Location Information section
3. Obtain host location signatures
4. Route to appropriate office at home location (**Do not forward if signatures have not been obtained or form is not complete**)

\*APPENDIX D UPAY 644C-T

<b>INTERLOCATION ONE-TIME PAYMENT FORM</b>		Print Form
UPAY 644C-T (R8/11)		
HOME LOCATION: _____	HOME DEPARTMENT: _____	
HOST LOCATION: _____	HOST DEPARTMENT: _____	
<b>HOME LOCATION INFORMATION</b>		
EMPLOYEE NAME: _____	EMPLOYEE ID #: _____	
HOME LOCATION APPOINTMENT TITLE: _____	TITLE CODE: _____	
ANNUAL OR MONTHLY/HOURLY SALARY: _____	<input type="checkbox"/> 09/09 <input type="checkbox"/> 09/12 <input type="checkbox"/> 11/12             APPOINTMENT %: _____	
<b>HOST LOCATION INFORMATION</b>		
EMPLOYEE TITLE RELATING TO ACTIVITY AT HOST CAMPUS: _____	TITLE CODE: _____	
EVENT SERVICE DATES: FROM: _____ TO: _____		
ONE -TIME PAYMENT\$: _____	DESCRIPTION OF SERVICE (DOS) CODE (For example: HON, BYA etc.): _____	
HOST LOCATION FUND SOURCE TO BE CHARGED: _____	ACCOUNT NAME: _____	
LOC ACCT COST CENTER FUND PROJ CODE SUB (0,1,2,5 OR 7 ARE THE ONLY VALID SUBS)		
<b>EVENT/SERVICE AND COMPENSATION INFORMATION</b>		
PLEASE EXPLAIN DETAILS OF EVENT/SERVICE AND COMPENSATION		
<b>APPROVALS</b>		
Host Location Fund Source Authorization	Host Location Dean's Office/Academic or Staff Personnel	Home Location Dean's Office/Academic or Staff Personnel
Host Location Contact Name	Host Location Phone Number	Host Location Email Address
Home Location Contact Name	Home Location Phone Number	Home Location Email Address
Date		
CC: EMPLOYEE'S HOME DEPT.		RETN ACCOUNTING: 5 YRS SUBJECT TO CONTRACT AND GRANT REQUIREMENTS OTHER COPIES 0-5 YEARS

**INTER-LOCATION ONE-TIME PAYMENT FORM INSTRUCTIONS**

**Home Location/Department:** Location/Department where currently employed.

**Host Location:** Location/Department where activity is being performed

**Home Location Information: (to be obtained from Home Department)**

**Employee Name:** Name as entered on EDB

**Employee ID#:** Employee ID number at Home Campus

**Home Location Appointment Title:** Employee title at Home Department

**Title Code:** Title on home campus appointment

**Annual or Monthly or Hourly Salary:** Enter salary of home department appointment

**9/9, 9/12, 11/12:** Check appropriate box if home appointment is an academic appointment other than 12/12

**Appointment%:** Indicate distribution percentage of appointment

**Host Location Information: (to be provided by Host Department)**

**Employee Title Relating to Activity at Host Campus:** Enter a valid PPS title which relates to the service at the host campus

**Title Code:** Enter a valid PPS title code which relates to the service at the home campus

**Event Service Dates:** List complete dates of service

**One-Time Payment \$:** Enter amount of one-time payment. Should be flat dollar amount

**DOS Code:** Enter valid PPS DOS code for one time payment

**Host Location Fund Source to be Charged:** Enter full accounting unit, Must be an appropriate FAU (including sub)(0,1,2,5 or 7 are the only valid subs) for Payroll Expense

**Account Name:** Enter title of FAU to be charged

**ROUTING INSTRUCTIONS**

Home Location Instructions:

1. Receive completed and signed form from host campus
2. Obtain appropriate home campus personnel signatures
3. Forward to Home Campus Payroll Office to coordinate payment

Host Location Instructions:

1. Obtain home location information from home location department
2. Complete **all** fields in Host Location Information section
3. Obtain host location signatures
4. Route to appropriate office at home location (**Do not forward if signatures have not been obtained or form is not complete**)