

UNIVERSITY OF CALIFORNIA, DAVIS
FINGERPRINT AUTHORIZATION FORM

Note: Submitting an incomplete or illegible form may delay the background check results.

Completed by Department

PLEASE CHECK THE BOX THAT CORRESPONDS WITH APPROPRIATE EMPLOYMENT PROGRAM:

VOLUNTEER STUDENT PSS \STAFF MSP ACADEMIC SR.
MANAGER

STUDENT TITLE CODES: 4919, 4920, 4921, 4329, 4923, 4924, 4925

NAME OF APPLICANT TO BE FINGERPRINTED: _____

EMPLOYEE ID # (IF APPLICABLE): _____

REQUISITION:# _____ POSITION TITLE CODE: _____ PAYROLL TITLE: _____

DEPT CONTACT NAME: _____ TELEPHONE #: _____

E-MAIL ADDRESS: _____

SIX DIGIT HOME DEPT CODE: _____ DEPT NAME: _____

DAFIS CHART OF ACCOUNT: _____ DAFIS SEVEN-DIGIT ACCOUNT #: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

PLEASE CHECK THE BOX THAT CORRESPONDS WITH APPROPRIATE ACTION:

NEW HIRE PROMOTION DEMOTION TRANSFER RECLASS PD UPDATE CONTRACT

DEPARTMENT COMMENTS: _____

For Human Resources only

HR COMMENTS: _____

RESCAN: _____ DATA ENTERED P: _____ C: _____

FOLLOW-UP: _____

DOJ DELAY: _____

FBI DELAY: _____

DOJ RESPONSE: _____ FBI RESPONSE: _____ FORWARDED: _____

Original – Police Department
Copy – Department File