

Transition Assistance Program (TAP)

APPLICATION FORM

The UCSD Transition Assistance Program is intended for the eligible employees who have an immediate need for assistance in meeting their financial obligations during the transition from monthly to a bi-weekly pay cycle. The following plans are offered for affected employees and will be subject to eligibility verification:

Employee Last Name, First Name:		Employee ID N	lumber:	
Payroll Title:		Title Code:	Title Code:	
Home Department:		Home Dept. C	Home Dept. Code:	
Home Ph. #:	Work Ph. #:	UCSD Email:	UCSD Email:	
Timekeeper Name:		Phone #:	Phone #:	
the application form will be receing the application form will be receing the the three th	Indicate your avo	deadline to participate with TA ay result in the delay of processi ailable vacation hours to cash or regular earnings, taxes will be de	ng the payment. ut	
	Form Received by:	Payment Schedule		
	11/17/16	Monthly -Thurs, 12/01/16		
	12/05/16	Biweekly - Wed, 12/14/16		
	12/15/16	Biweekly - Wed, 12/28/16		
My signature below serves as aut cash out will be reduced from my nours requested to cash out is ins eave Activity Summary Report (L	vacation accrual balance and sufficient, Payroll will only pay	will no longer be available for u	se. I further understand that if the	
Employee Signature			Date	
S	UCSD Camp	to Mail Code 0952 or mail form ous Payroll Office nan Drive-0952	to:	

The University has an arrangement with two credit unions for emergency loans at negotiated rates.

Please see this policy link for more information:

http://policy.ucop.edu/doc/3410225/AM-E526-48.

La Jolla, CA 92093-0952