

**University of California, Davis
Health System**

**Resident Medical Staff
EMPLOYMENT CERTIFICATION FORM**

Name: _____

PPSID: _____

Date of Birth: _____

Academic Department: _____

Position Code & Title: _____

Salary per Month: _____

Percent Time: 100%

Start Date (0800 hrs): _____ End Date (0800 hrs) _____

Status: Academic Student Employee

I certify that the foregoing personal data are correct and I accept the position on the terms specified above and in my letter of appointment, contingent upon the availability of funds and formal Administrative or Regent approval. I recognize the salary is subject to such deductions as may be required pursuant to applicable laws and regulations. In the event that my service does not continue throughout the term, if any be specified, the salary due me will be based upon actual service performed and I will return to the University such part of my salary as is not actually earned on this basis. Appointments are for one year. Reappointment is contingent upon performance and funding availability.

Resident Signature

Date:

Human Resources Representative Signature

Date:

Office of Record: Personnel File located in Human Resources Resident Program