	ADDITIONAL EMPLOYMENT FOR FULL-TIME FACULTY
SONOMA STATE UNIVERSITY | Office of Faculty Affairs	**16TH UNIT ASSIGNMENT**
	Corresponding Calculator Must Accompany Form
	Job Code 2403

TO BE COMPLETED BY Hiring Department

Form Completed By:	Phone #:
Dept. Name:	Dept. #:

I CONFIRM THIS FACULTY MEMBER IS EMPLOYED FULL-TIME AT SONOMA STATE UNIVERSITY AND WILL NOT EXCEED AN OVERALL WORKLOAD OF 125%

Signature:

ASSIGNMENT Specifics

Employee Name As listed in PeopleSoft:	Empl ID:	Empl Rec#:
Department Name:	Department #:	Payroll Unit:

Duration of Appointment	Start Date:	End Date:

Fall Semester   Spring Semester   Partial Semester

Purpose of the Special Project/Assignment:

Time Base of Appointment As Entered on the Calculator:	**Full Compensation for this Assignment (As indicated on the Calculator)** $

Grant Related: YES   NO

DISTRIBUTION OF LABOR COST – Complete if using account other than department operating funds

Account	Fund	Finance Dept.	Program	Class	Project/Grant	Amount to be paid	% of distribution
601100							
601100							
601100							
					Total		

Program / Class / Comments:

TO BE COMPLETED BY PRINCIPAL INVESTIGATOR (IF GRANT FUNDED)

Signature: **Date:**

TO BE COMPLETED BY APPROPRIATE ADMINISTRATOR

Signature: **Date:**

Submit to: Temporary Faculty Employment Specialist

FACULTY AFFAIRS USE ONLY		*cc: Personnel Action File*
Approved and Keyed into PeopleSoft	*Initial*	*Date*
Copy of Appointment Sent to Payroll and Benefits	*Initial*	*Date*
Copy of Grant Related Appointment Sent to Financial Services	*Initial*	*Date*
QUESTIONS / CONTACT		
if you have any questions about completing this form, please call Faculty Affairs at 664-2192 (CRS 877-735-2929 TTY)		