

TO BE COMPLETED BY Hiring Department

Form Completed By:	Phone #:
Dept. Name:	Dept. #:
THIS FACULTY MEMBER IS EMPLOYED FULL-TIME AT SONOMA STATE UNIVERSITY. I HAVE CONFIRMED WITH THE FACULTY MEMBER THAT ACCEPTING THIS ASSIGNMENT DOES NOT EXCEED THE MAXIMUM WORKLOAD OF 125% AS ALLOWED BY THE CSU.	

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)