

ADDITIONAL EMPLOYMENT FOR FULL-TIME FACULTY FULL SEMESTER ASSIGNMENT

Corresponding Calculator Must Accompany Form Job Code 2403

TO BE COMPLETED BY Hiring Department							
Form Completed By:					F	Phone #:	
Dept. Name: 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.							
Signature:							
ASSIGNMENT Specifics							
Employee As listed in Po					Empl II) :	Empl Rec#:
Department Name:					Department #:		Payroll Unit:
Duration of Appointment Start Date:					End Date:		,
Fall	Semester		Sp	oring Seme	ster		
Purpose o	f the Spec	ial Project/As					
Time Base	of Appoin	tment		Full C	ompensation	or this Assignme	nt
Time Base As Entered					ompensation dicated on the	or this Assignme Calculator)	nt \$
As Entered	d on the <u>Ca</u> ated:	alculator: YES	NO	(As in	dicated on the	Calculator)	\$
As Entered	d on the <u>Ca</u> ated:	ABOR COST		(As in	dicated on the	Calculator)	\$
As Entered Grant Rela	d on the <u>Ca</u> ated:	alculator: YES		(As in	dicated on the	calculator)	\$
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If you have any questions about completing this form, please call Faculty Affairs at 664-2192 (CRS 877-735-2929 TTY)

QUESTIONS / CONTACT