

TO BE COMPLETED BY Hiring Department

Form Completed By:

ASSIGNMENT Specifics

Employee Name (as listed in PeopleSoft): _____ Empl ID: _____

Department Name: _____ Department #: _____

Project Name: _____

This works meets the standards outlined in the CFA Collective Bargaining Agreement, Article 36 for additional employment

Fall Semester _____ Spring Semester _____ Summer Term _____

Time Base of Appointment As Entered on the [Calculator](#): _____ Full Compensation for this Assignment (As indicated on the Calculator) \$ _____

Grant Related: YES NO Fund Activated: YES

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 EMPLOYEE

During the period of this appointment, I will be concurrently working at Sonoma State University as follows:

Department: _____ Units: _____

Department: _____ Units: _____

Department: _____ Units: _____

Grant Work: _____ Units: _____

School of Extended and International Education: _____ Units: _____

I am Employed at another CSU YES NO

If yes, Campus: _____ Units _____

I CONFIRM THAT I AM EMPLOYED FULL-TIME AT SONOMA STATE UNIVERSITY AND WILL NOT EXCEED AN OVERALL WORKLOAD OF 125%. Signature: _____ Date: _____

TO BE COMPLETED BY PRINCIPAL INVESTIGATOR (IF GRANT FUNDED)

Signature: _____ Date: _____

TO BE COMPLETED BY APPROPRIATE ADMINISTRATOR

Signature: _____ Date: _____

Submit to: facultyadd@sonoma.edu

ACADEMIC PERSONNEL USE ONLY cc: Personnel Action File

Empl Rec #: _____ Payroll Unit: _____ Approved and Keyed into PeopleSoft Initial _____ Date _____

Copy of Appointment Sent to Payroll and Benefits Initial _____ Date _____

Notes

If you have any questions about completing this form, please contact Academic Personnel at facultyadd@sonoma.edu