

TO BE COMPLETED BY Hiring Department

ADDITIONAL EMPLOYMENT FOR FULL-TIME FACULTY PARTIAL SEMESTER ASSIGNMENT

To Be Submitted Monthly Corresponding Calculator Must Accompany Form Job Code 2403

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:		
Purpose of the Special Project/Assignment:							
Time Base of Appointment Full Compensation for this Assignment							
As Entered on the Calculator: (As indicated on the Calculator in green text) \$							
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Grant Rela	ated:	YES	NO			,	
Grant Rela	ated:	YES ABOR COST	NO		count other than	department op	erating funds
Grant Rela DISTRIBU Account	ated:	YES	NO			,	erating funds % of distribution
Grant Rela DISTRIBU Account 601100	ated: TION OF L	YES ABOR COST Finance	NO - Complete	if using ac	count other than	department op	-
Grant Rela DISTRIBU Account 601100 601100	ated: TION OF L	YES ABOR COST Finance	NO - Complete	if using ac	count other than	department op	-
Grant Rela DISTRIBU Account 601100	ated: TION OF L	YES ABOR COST Finance	NO - Complete	if using ac	Project/Grant	department op	-
Grant Rela DISTRIBU Account 601100 601100	ated: TION OF L Fund	YES ABOR COST Finance Dept.	NO - Complete	if using ac	count other than	department op	-
Grant Rela DISTRIBU Account 601100 601100	ated: TION OF L Fund	YES ABOR COST Finance Dept.	NO - Complete	if using ac	Project/Grant	department op	-
Grant Rela DISTRIBU Account 601100 601100 601100 Program /	TION OF L Fund	YES ABOR COST Finance Dept. mments:	NO - Complete Program	if using ac	Project/Grant Total	department op Amount to be paid	-
Grant Rela DISTRIBU Account 601100 601100 601100 Program /	TION OF L Fund	YES ABOR COST Finance Dept. mments:	NO - Complete Program	if using ac	Project/Grant	department op Amount to be paid	-
Grant Rela DISTRIBU Account 601100 601100 601100 Program /	TION OF L Fund Class / Co	YES ABOR COST Finance Dept. mments:	NO - Complete Program	if using ac	Project/Grant Total	department op Amount to be paid	-
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Grant Rela DISTRIBU Account 601100 601100 Frogram / TO BE CO Signature TO BE CO Signature Submit to fi	TION OF L Fund Class / Co MPLETED MPLETED	YES ABOR COST Finance Dept. mments: BY PRINCIPA BY APPROPI	NO - Complete Program AL INVESTIG	if using ac	Project/Grant Total GRANT FUNDED	department op Amount to be paid Date:	% of distribution
Grant Relation DISTRIBUTACCOUNT 601100 601100 Program / TO BE CO Signature TO BE CO Signature Submit to for	TION OF L Fund Class / Co MPLETED Class / Co MPLETED Class / Co	YES ABOR COST Finance Dept. mments: BY PRINCIPA BY APPROPI	NO - Complete Program AL INVESTIG	if using ac	Project/Grant Total GRANT FUNDED	department op Amount to be paid Date:	-

QUESTIONS/CONTACT

If you have any questions about completing this form, please call Faculty Affairs at 664-2192 (CRS 877-735-2929 TTY)

Initial

Date

Copy of Grant Related Appointment Sent to Financial Services