

**TO BE COMPLETED BY Hiring Department**

Form Completed By:	Phone #:
Dept. Name:	Dept. #:
<b>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.</b>	

**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 As Entered on the <a href="#">Calculator</a> :	Full Compensation for this Assignment (As indicated on the Calculator in green text) \$
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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							
<b>Total</b>							

Program / Class / Comments:

**TO BE COMPLETED BY PRINCIPAL INVESTIGATOR (IF GRANT FUNDED)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY APPROPRIATE ADMINISTRATOR**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to [facultyaffairs@sonoma.edu](mailto:facultyaffairs@sonoma.edu)

**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)