

TO BE COMPLETED BY Hiring Department

Form Completed By:

I CONFIRM THIS FACULTY MEMBER IS EMPLOYED FULL-TIME AT SONOMA STATE UNIVERSITY AND WILL NOT EXCEED AN OVERALL WORKLOAD OF 125%

Signature:

ASSIGNMENT Specifics

Employee Name
As listed in PeopleSoft: Empl ID:

Department Name: Department #:

Assignment Reference Name: 16th Unit

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

Fall Semester (full term) Spring Semester (full term)

This is a partial semester assignment: Start Date End Date
Partial semester assignment must include start and end dates

Time Base of Appointment Full Compensation for this Assignment
As Entered on the [Calculator](#): (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 PRINCIPAL INVESTIGATOR (IF GRANT FUNDED)

Signature: Date:

TO BE COMPLETED BY APPROPRIATE ADMINISTRATOR

Signature: Date:

Submit to: facultyadd@sonoma.edu

FACULTY AFFAIRS 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

QUESTIONS / CONTACT

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