

ADDITIONAL EMPLOYMENT FOR FULL-TIME FACULTY 16TH UNIT ASSIGNMENT

Corresponding Calculator Must Accompany Form — Job Code 2403

TO BE COMPLETED BY Hiring Department								
Form Completed By:								
ASSIGNMENT Specifics								
Employee Name (as listed in PeopleSoft):					Empl ID:			
Department Name:					Department #:			
Assignment Reference Name: 16 th 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 se	mester assign	ment: Sta	End Date				
Partial semester assignment must include start and end dates								
Time Base of Appointment As Entered on the Calculator: Full Compensation for this Assignment (As indicated on the Calculator) \$								
Grant Related: YES NO				(AS III	Fund Activated: YES			
DISTRIBUTION OF LABOR COST – Complete if using account other than department operating funds								
		Finance				Amount to be		
Account	Fund	Dept.	Program	Class	Project/Grant	paid	% of distribution	
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	ianent sent to	. ayron ana benejit		muui	Date			
If you have any questions about completing this form, please contact Academic Personnel at facultyadd@sonoma.edu								
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