

APPOINTMENT Form - ATHLETICS

R03 Faculty Only

TO BE COMPLETED BY HIRING DEPARTMENT										
Form Completed By :							Phone Number :			
Appointment										
(as listed in PeopleSoft or on Social Security Card) Employee Name:										
Empl ID:		Empl Rec #: Peopl			eopleS	Soft Position #:				
Department Name:						Department #			Payroll Unit:	
Start Date:		End Date:								
Full-Time Base Rate of Pay Monthly Base Rate is the rate that would be paid if the faculty worked a 100%										
•	Base per w								\$	
Time Base of Appointment: % Fraction of Appointment:										
POSITION: (choose one) Head Coach 2375 Academic Voor 2373 12 Month 2374 10 Month										
				- Academic Ye			– 12 Mon		2374 – 10 Month	
		oach O	2378 -	- Academic Ye	ear (2376	– 12 Mon	th (2377 – 10 Month	
Coaching Specialist		2381 – Academic Year			2379	– 12 Mon	ith (2380 – 10 Month		
Coaching Assistant				2384 – Academic Year 🔘 2382 – 12				nth 🤇	2383 – 10 Month	
DISTRIBUTION OF LABOR COST – Complete if using account other than department operating funds										
טטואונוט	HON OF LA	ABUR CU	31 - C	omplete if using	accou	int other	than depar	tment	operating funds	
Account	Fund	Finance		Project/Gr			nt to be p		% of distribution	
Account						Amour			% of distribution	
Account 601803						Amour \$			% of distribution %	
Account 601803 601803 601803		Finance				Amour \$ \$			% of distribution % %	
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Account 601803 601803 601803 Program / TO BE CO Print Name Signature: TO BE CO Print Name Signature:	Fund Class / Col MPLETED e: MPLETED e:	Finance mments: BY HIRING	Dept.	Project/Gr	PPRO	\$ \$ \$ PRIATE	ADMINIS AIRS	TRAT Date:	% of distribution % % %	

Submit to: fappoint@sonoma.edu