

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 #:		PeopleSoft Position #:		
Department Name:			Department #		Payroll Unit:	
Start Date:			End Date:			
Full-Time Base Rate of Pay <i>Monthly Base Rate is the rate that would be paid if the faculty worked a 100% (1.0) Time Base per week.</i>					\$	
Time Base of Appointment: %			Fraction of Appointment:			
POSITION: (choose one)						
Head Coach	<input type="radio"/>	2375 – Academic Year	<input type="radio"/>	2373 – 12 Month	<input type="radio"/>	2374 – 10 Month
Coach	<input type="radio"/>	2378 – Academic Year	<input type="radio"/>	2376 – 12 Month	<input type="radio"/>	2377 – 10 Month
Coaching Specialist	<input type="radio"/>	2381 – Academic Year	<input type="radio"/>	2379 – 12 Month	<input type="radio"/>	2380 – 10 Month
Coaching Assistant	<input type="radio"/>	2384 – Academic Year	<input type="radio"/>	2382 – 12 Month	<input type="radio"/>	2383 – 10 Month

DISTRIBUTION OF LABOR COST – Complete if using account other than department operating funds

Account	Fund	Finance Dept.	Project/Grant	Amount to be paid	% of distribution
601803				\$	%
601803				\$	%
601803				\$	%

Program / Class / Comments:

TO BE COMPLETED BY HIRING DEPARTMENT APPROPRIATE ADMINISTRATOR

Print Name:	Date:
Signature:	

TO BE COMPLETED BY VICE PRESIDENT FOR STUDENT AFFAIRS

Print Name:	Date:
Signature:	

FACULTY AFFAIRS USE ONLY	<i>cc: Personnel Action File</i>
Approved and Keyed into PeopleSoft:	Date:

Submit to: fappoint@sonoma.edu