

TEMPORARY APPOINTMENT FORM (R03 FACULTY ONLY)

TO BE COMPLETED BY HIRING DEPARTMENT							
Form Completed By :					Phone Number :		
Dept. Name:					Dept. #:		
Appointment							
Employee Name: (as seen in PeopleSoft)				Empl ID:		Empl Rec #:	
Department Name:				Department #: Payroll Unit #:			
Semester: Fall Winter Spring Summer							
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% (1.0) Time Base per week. \$							
Monthly Base Rate is the rate that would be paid if the faculty worked a 100% (1.0) Time Base per week. Fraction of Appointment:							
POSITION: (choose one)							
Lecturers 2358 – Academic Year 2359 – 12 Month GRANT FUNDED							
Range at which Appointed:							
Instructional Faculty 2360 – Academic Year 2361 – 12 Month GRANT FUNDED							
Range at which Appointed:							
Temporary Librarian 2920 – 12 Month 2919 – 10 Month, paid over 12 Months							
Range at which Appointed:							
Student Services Professional (Academic Related, 12 Month) 3070 – SSP, AR I 3072 – SSP, AR II 3074 – SSP, A						3074 – SSP, AR III	
Student Services Professional (Academic Related, Academic Year) 3071 – SSP, AR I 3073 – SSP, AR II 3075 – SSP, A						3075 – SSP, AR III	
Job Code: Pay Title: Other							
DISTRIBUTION OF LABOR COST – Complete if using account other than department operating funds							
Account	Fund	Finance Dept.	Project/Grant	Amou	nt to be paid	% of distribution	
601100							
601100							
601100							
Program / Class / Comments:							
TO BE COMPLETED BY PRINCIPAL INVESTIGATOR (IF GRANT FUNDED)							
Print Name: Date:							
Signature:							
TO BE COMPLETED BY HIRING DEPARTMENT APPROPRIATE ADMINISTRATOR							
Print Name: Date:							
Signature:							
FACULTY AFFAIRS USE ONLY cc: Personnel Action File							
Approved and Keyed into PeopleSoft: Date:							

Submit to: fappoint@sonoma.edu