

TO BE COMPLETED BY HIRING DEPARTMENT

Form Completed By :		Phone Number :	
Dept. Name:		Dept. #:	
Appointment			
Employee Name: <small>(as seen in PeopleSoft)</small>		Empl ID:	Empl Rec #:
Department Name:		Department #:	Payroll Unit #:
Semester:	Fall	Winter	Spring
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)			
Lecturers Range at which Appointed:	2358 – Academic Year	2359 – 12 Month	GRANT FUNDED
Instructional Faculty Range at which Appointed:	2360 – Academic Year	2361 – 12 Month	GRANT FUNDED
Temporary Librarian Range at which Appointed:	2920 – 12 Month	2919 – 10 Month, paid over 12 Months	
Student Services Professional <i>(Academic Related, 12 Month)</i>	3070 – SSP, AR I	3072 – SSP, AR II	3074 – SSP, AR III
Student Services Professional <i>(Academic Related, Academic Year)</i>	3071 – SSP, AR I	3073 – SSP, AR II	3075 – SSP, AR III
Other	Job Code:	Pay Title:	

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
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	<i>cc: Personnel Action File</i>
Approved and Keyed into PeopleSoft:	Date:

Submit to: fappoint@sonoma.edu