

**TO BE COMPLETED BY Hiring Department**

Form Completed By:

**ASSIGNMENT Specifics**

Employee Name (as listed in PeopleSoft):

Empl ID:

Department Name:

Department #:

Project Name:

**This works meets the standards outlined in the CFA Collective Bargaining Agreement, Article 36 for additional employment**

Assignment:

<b>Time Base of Appointment As Entered on the <u>Calculator</u>:</b>	<b>Full Compensation for this Assignment (As indicated on the Calculator)</b>	\$
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Grant Related:	YES	NO	Fund Activated:	YES
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**DISTRIBUTION OF LABOR COST – Complete if using account other than department operating funds**

Account	Fund	Finance Dept.	Program	Class	Project/Grant	Amount to be paid	% of distribution
601100							
601100							
601100							
<b>Total</b>							

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](mailto:facultyadd@sonoma.edu) Please submit one email per faculty member assignment**

**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

**If you have any questions about completing this form, please contact Academic Personnel at [facultyadd@sonoma.edu](mailto:facultyadd@sonoma.edu)**