

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		2375 – Academic Year	2373 – 12 Month	2374 – 10 Month	
Coach		2378 – Academic Year	2376 – 12 Month	2377 – 10 Month	
Coaching Specialist		2381 – Academic Year	2379 – 12 Month	2380 – 10 Month	
Coaching Assistant		2384 – Academic Year	2382 – 12 Month	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 *cc: Personnel Action File*

Approved and Keyed into PeopleSoft:	Date:
-------------------------------------	-------

Submit to: faappointments@sonoma.edu