

APPOINTMENT OF COUNSELOR INTERN (R03)

The Counselor Intern Series is comprised of three classifications: Post-Masters Counselor Intern, Pre-Doctoral Counselor Intern, and Post-Doctoral Counselor Intern/Fellow.

TO BE COMPLETED BY HIRING DEPARTMENT									
Form Completed By :						Phone Number :			
Appointment									
(as listed in PeopleSoft or on Social Security Card) Employee Name:									
	Name:		Empl Rec #: Peop			Deenles	a Saft Basitian #		
Empl ID: Department Name:						PeopleSoft Position #:			
•			En			Department #		Payroll Unit:	
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. \$									
Time Base	of Appoin	tment:		% Fraction of Appointmer				:	
POSITION: (choose one)									
2436: Post-Masters Counselor Intern									
(As part of meeting post-master's requirements after completing an accredited masters level program in counseling, marriage and family therapy or social work)									
2437: Pre-Doctoral Counselor Intern									
(As part of meeting pre-doctoral requirements for receiving a degree in an accredited doctorate level behavioral sciences, counseling, or specified related academic field, or psychology program)									
2338: Post-Doctoral Counselor Intern/Fellow									
(as part of meeting post-doctoral requirements after receiving a degree in an accredited doctorate level program in behavioral sciences, counseling, or a specific related academic field, or psychological counseling)									
DISTRIBUTION OF LABOR COST – Complete if using account other than department operating funds									
Account	Fund	Finance D	ept.	Project/Gr	ant	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 ASSOCIATE VICE PRESIDENT FOR FACULTY AFFAIRS AND SUCCESS									
Print Name: Date:):	
Signature:									
FACULTY AFFAIRS USE ONLY								ersonnel Action File	
Approved and Keyed into PeopleSoft: Date:									

Submit to: faappointments@sonoma.edu