

This information serves to protect you and the University from adverse consequences regarding the parameters of your employment.

This form only needs to be returned if any of the statements apply to you.

TO BE COMPLETED BY LECTURER	
Employee Name:	
Department Name:	Units:
Term of Appointment:	Fall Spring Year:
If any of the following apply, you must compete and return prior to the start of this appointment. Check ALL That Apply.	
<input type="checkbox"/>	I decline your offer of employment
<input type="checkbox"/>	During the period of this appointment I will be concurrently working at Sonoma State University and/or another CSU. As indicated below.
<input type="checkbox"/>	Faculty Position, Department: _____ Units: _____ Department: _____ Units: _____ Department: _____ Units: _____ Department: _____ Units: _____
<input type="checkbox"/>	School of Extended and International Education Position _____ Units: _____
<input type="checkbox"/>	Staff Position, Required to have Supervisors Signature (<i>MPP's are not eligible to hold faculty appointments</i>) Supervisors Signature: _____
<input type="checkbox"/>	I am employed in another CSU Campus: _____ Units: _____
<input type="checkbox"/>	I have previously retired from a CalPERS Organization
It is your responsibility to manage your workload to maintain compliance with retirement law and CalPERS restrictions.	
cc: Personnel Action File	
I understand that I am limited in CSU employment to the equivalent of one full-time position in my primary or normal employment.	
I acknowledge by accepting this work that I remain in compliance with the limitations on additional employment as defined in article 36 of the CBA.	
Signature:	Date:
SUBMIT FORM TO: faappointments@sonoma.edu	