

**Faculty Additional Employment Pay Voucher**

*Payment Voucher for Additional Employment - Part-Time Faculty Only*

**Instructions:** Use one voucher per pay period. Signatures indicates compliance with the policies and procedures of the CSU for faculty additional employment including the 125% rule and CBA guidelines. Form must be submitted digitally to facultyadd@sonoma.edu by the 20th of every month for timely payment. Policies and procedures are located at the Academic Personnel website: <http://academicaffairs.sonoma.edu/faculty-affairs/all-faculty/forms>

Employee ID:	Record No.:	Pre-Authorization Number:
Payroll Unit No.:	HR Dept. No.:	HR Dept. Name:
Last Name:		First Name:
Pay Period	Month:	Year:

**Distribution of Labor Cost:**

Finance Department	Fund	Account	Program	Project/Grant	Class	Percentage to be Applied
		601300				
		601300				
		601300				
		601300				
		601300				
Normally Account is 601300. Use 601100 if using QA funds. Only SOCOMP funds may be used.						Total:

**Day(s) of the Month:**

<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 11	<input type="checkbox"/> 16	<input type="checkbox"/> 21	<input type="checkbox"/> 26
<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 12	<input type="checkbox"/> 17	<input type="checkbox"/> 22	<input type="checkbox"/> 27
<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 13	<input type="checkbox"/> 18	<input type="checkbox"/> 23	<input type="checkbox"/> 28
<input type="checkbox"/> 4	<input type="checkbox"/> 9	<input type="checkbox"/> 14	<input type="checkbox"/> 19	<input type="checkbox"/> 24	<input type="checkbox"/> 29
<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 15	<input type="checkbox"/> 20	<input type="checkbox"/> 25	<input type="checkbox"/> 30
					<input type="checkbox"/> 31
Daily Rate: \$		Total Days:		Total Payment: \$	

Project Grant Related: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fund Activated: <input type="checkbox"/> Yes
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Employee Signature:		Date:
Campus Project Supervisor/P.I. Signature:	Campus Phone #	Date:
Campus Appropriate Administrator Signature:	Campus Phone #	Date: