

TO BE COMPLETED BY Hiring Department

Form Completed By:

I CONFIRM THIS FACULTY MEMBER IS EMPLOYED FULL-TIME AT SONOMA STATE UNIVERSITY AND WILL NOT EXCEED AN OVERALL WORKLOAD OF 125%

Signature:

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

Fall Semester Spring Semester Summer Term

Time Base of Appointment Full Compensation for this Assignment
As Entered on the [Calculator](#): (As indicated on the Calculator) \$

Grant Related: YES NO Fund Activated: YES

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							
Total							

Program / Class / Comments:

TO BE COMPLETED BY PRINCIPAL INVESTIGATOR (IF GRANT FUNDED)

Signature: Date:

TO BE COMPLETED BY APPROPRIATE ADMINISTRATOR

Signature: Date:

Submit to: facultyadd@sonoma.edu

FACULTY AFFAIRS 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

QUESTIONS / CONTACT

If you have any questions about completing this form, please contact Faculty Affairs at facultyadd@sonoma.edu