SONOMA STATE UNIVERSITY | Office of **Faculty Affairs**

ADDITIONAL EMPLOYMENT FOR FULL-TIME FACULTY
PARTIAL SEMESTER ASSIGNMENT
To Be Submitted Monthly
Corresponding Calculator Must Accompany Form
Job Code 2403

TO BE COMPLETED BY Hiring Department	
Form Completed By:	Phone #:
Dept. Name:	Dept. #:

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:	Empl Rec#:
Department Name:	Department #:	Payroll Unit:
Duration of Appointment Start Date:	End Date:	

Purpose of the Special Project/Assignment:

Time Base of Appointment As Entered on the Calculator:	**Full Compensation for this Assignment (As indicated on the Calculator) $**
Grant Related: YES NO	

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: facultyaffairs@sonoma.edu
Please submit one email per faculty member assignment

FACULTY AFFAIRS USE ONLY		*cc: Personnel Action File*
Approved and Keyed into PeopleSoft	*Initial*	*Date*
Copy of Appointment Sent to Payroll and Benefits	*Initial*	*Date*
Copy of Grant Related Appointment Sent to Financial Services	*Initial*	*Date*

QUESTIONS/CONTACT
If you have any questions about completing this form, please call Faculty Affairs at 664-2192 (CRS 877-735-2929 TTY)