

**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**

**Assignment:**

<b>Time Base of Appointment As Entered on the <a href="#">Calculator</a>:</b>	<b>Full Compensation for this Assignment (As indicated on the Calculator)      \$</b>
<b>Grant Related:</b> <b>YES</b> <b>NO</b>	<b>Fund Activated:</b> <b>YES</b>

**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							
<b>Total</b>							

**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](mailto:facultyadd@sonoma.edu)      Please submit one email per faculty member assignment**

**FACULTY AFFAIRS USE ONLY** *cc: Personnel Action File*

*Empl Rec #:* *Payroll Unit:*

<i>Approved and Keyed into PeopleSoft</i>	<i>Initial</i>	<i>Date</i>
<i>Copy of Appointment Sent to Payroll and Benefits</i>	<i>Initial</i>	<i>Date</i>

**QUESTIONS/CONTACT**

If you have any questions about completing this form, please call Faculty Affairs at [facultyadd@sonoma.edu](mailto:facultyadd@sonoma.edu)