

TO BE COMPLETED BY Hiring Department

Form Completed By:

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:

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

During the period of this appointment, I will be concurrently working at Sonoma State University as follows:

Department: Units:
 Department: Units:
 Department: Units:
 Grant Work: Units:
 School of Extended and International Education: Units:

I am Employed at another CSU YES NO

If yes, Campus: Units

I CONFIRM THAT I AM EMPLOYED FULL-TIME AT SONOMA STATE UNIVERSITY AND WILL NOT EXCEED AN OVERALL WORKLOAD OF 125%. Signature: Date:

TO BE COMPLETED BY PRINCIPAL INVESTIGATOR (IF GRANT FUNDED)

Signature: Date:

TO BE COMPLETED BY APPROPRIATE ADMINISTRATOR

Signature: Date:

Submit to: facultyadd@sonoma.edu Please submit one email per faculty member assignment

ACADEMIC PERSONNEL 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

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