

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>

TO BE COMPLETED BY EMPLOYEE	
Employee Name:	Employee ID:

Days of work for Faculty		Month:				Year:			
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	Note if pay period runs over two months:								

Employee Signature:	Date:
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TO BE COMPLETED BY HIRING DEPARTMENT	
Hiring Dept. Name:	Pre-authorization #:
Hiring Dept. #:	Daily Rate:
Total Days Worked:	Total Payment:

Distribution of Labor Cost

Account	Fund	Finance Dept.	Program	Class	Project/Grant	Amount to be paid	% of distribution
Choose an item.							
Choose an item.							
Choose an item.							
Normally 601300. Use 601100 if using QA funds (Account Field). Only SOCMP Funds may be used.					Total:		

Project Grant Related: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fund Activated: <input type="checkbox"/> Yes
Principal Investigator Signature:	Date:

TO BE COMPLETED BY AUTHORIZED APPROPRIATE ADMINISTRATOR	
Appropriate Administrator Signature:	Date:

Submit Completed Form to: facultyadd@sonoma.edu

ACADEMIC PERSONNEL ADMINISTRATIVE REVIEW		<i>cc: Personnel Action File</i>	
<i>Empl Rec #:</i>	<i>Payroll Unit:</i>		
<i>Approved and Keyed Into PeopleSoft</i>	<i>Initial:</i>	<i>Date:</i>	
<i>Copy of Payment Voucher Sent to Payroll and Benefits</i>	<i>Initial:</i>	<i>Date:</i>	