



CERTIFICATION STATEMENT

For Use By Teaching Associate

In Accordance with Unit 11 CBA Article 2

This information serves to protect you and the University from adverse consequences regarding the parameters of your employment. You must complete and return this form prior to the start of this appointment.

TO BE COMPLETED BY TEACHING ASSOCIATE

Employee Name:

Department Name:

Term of Appointment: Fall Spring Year:

Check ALL That apply.

I decline your offer of employment.

During the period of this appointment I will be concurrently working at Sonoma State University and/or another CSU as indicated below:

Concurrent Position, Department: Units:
Department: Units:
Department: Units:
Department: Units:

If a staff position, I have notified my staff supervisor of this assignment.

Supervisor's signature:

I am not employed during the time of this appointment in any other capacity at Sonoma State University.

cc: Personnel Action File

I certify that I am academically eligible, that I have read and accept the conditions stated in the appointment notification email and letter, and that the above information is accurate.

Signature:

Date:

SUBMIT FORM TO: faappointments@sonoma.edu