

## TEMPORARY APPOINTMENT FORM (R03 FACULTY ONLY)

| TO BE COMPLETED BY HIRING DEPARTMENT  |              |                      |                      |               |                                      |                         |  |             |                    |  |
|---|--------------|----------------------|----------------------|---------------|--------------------------------------|-------------------------|--|-------------|--------------------|--|
| Form Completed By :   |              |                      |                      |               |                                      | Phone Number :          |  |             |                    |  |
| Dept. Name:   |              |                      |                      |               |                                      | Dept. #:                |  |             |                    |  |
| Appointment   |              |                      |                      |               |                                      |                         |  |             |                    |  |
| Employee Name: (as seen in PeopleSoft)  |              |                      |                      |               |                                      | Empl ID:                |  | Empl Rec #: |                    |  |
| Department  |              |                      | Department #:        |               |                                      | Payroll Unit #:         |  |             |                    |  |
|   |              |                      | Winter Spring        |               | נ                                    | Summer                  |  |             |                    |  |
| Start Date:   |              |                      |                      |               | nd Date:                             |                         |  |             |                    |  |
| Full-Time Base Rate of Pay  Monthly Base Rate is the rate that would be paid if the faculty worked a 100% (1.0) Time Base per week.  \$ |              |                      |                      |               |                                      |                         |  |             |                    |  |
|   |              |                      |                      |               |                                      | raction of Appointment: |  |             |                    |  |
| POSITION: (choose one)  |              |                      |                      |               |                                      |                         |  |             |                    |  |
| Lecturers   |              |                      | 2358 – Academic Year |               |                                      | 2359 – 12 Month         |  |             | GRANT FUNDED       |  |
| •   | t which App  |                      |                      |               |                                      |                         |  |             |                    |  |
| Instructional Faculty   |              |                      | 2360 – Academic Year |               |                                      | 2361 – 12 Month         |  |             | GRANT FUNDED       |  |
| Range at which Appointed: Temporary Librarian   |              |                      |                      |               |                                      |                         |  |             |                    |  |
|   | it which App | 2920 – 12 Month      |                      |               | 2919 – 10 Month, paid over 12 Months |                         |  |             |                    |  |
|   | rvices Profe |                      |                      |               |                                      |                         |  |             |                    |  |
| (Academic Related, 12 Month)  Student Services Professional   |              |                      | 3070 – SSP, AR I     |               |                                      | 3072 – SSP, AR II       |  |             | 3074 – SSP, AR III |  |
| (Academic Related, Academic Year)   |              |                      | 3071 – SSP, AR I     |               |                                      | 3073 – SSP, AR II       |  |             | 3075 – SSP, AR III |  |
|   |              | Job Code: Pay Title: |                      |               |                                      |                         |  |             |                    |  |
| Other DISTRICT OF LABOR COST Co. 14 15 15 15 15 15 15 15 15 15 15 15 15 15  |              |                      |                      |               |                                      |                         |  |             |                    |  |
| DISTRIBUTION OF LABOR COST – Complete if using account other than department operating funds  |              |                      |                      |               |                                      |                         |  |             |                    |  |
| Account   | Fund         | Financ               | e Dept.              | Project/Grant |                                      | Amount to be paid       |  |             | % of distribution  |  |
| 601100  |              |                      |                      |               |                                      |                         |  |             |                    |  |
| 601100  |              |                      |                      |               |                                      |                         |  |             |                    |  |
| 601100  | 01100        |                      |                      |               |                                      |                         |  |             |                    |  |
| Program / Class / Comments:   |              |                      |                      |               |                                      |                         |  |             |                    |  |
| TO BE COMPLETED BY PRINCIPAL INVESTIGATOR (IF GRANT FUNDED)   |              |                      |                      |               |                                      |                         |  |             |                    |  |
| Print Name: Date:   |              |                      |                      |               |                                      |                         |  |             |                    |  |
| Signature:  |              |                      |                      |               |                                      |                         |  |             |                    |  |
| TO BE COMPLETED BY HIRING DEPARTMENT APPROPRIATE ADMINISTRATOR  |              |                      |                      |               |                                      |                         |  |             |                    |  |
| Print Name: Date:   |              |                      |                      |               |                                      |                         |  |             |                    |  |
| Signature:  |              |                      |                      |               |                                      |                         |  |             |                    |  |
| FACULTY AFFAIRS USE ONLY  CC: Personnel Action File   |              |                      |                      |               |                                      |                         |  |             |                    |  |
| Approved and Keyed into PeopleSoft: Date:   |              |                      |                      |               |                                      |                         |  |             |                    |  |

Submit to: faappointments@sonoma.edu