

TO BE COMPLETED BY Hiring Department

Form Completed By:	Phone #:
Dept. Name:	Dept. #:
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:	Empl Rec#:
Department Name:	Department #:	Payroll Unit:
Duration of Appointment	Start Date:	End Date:

Purpose of the Special Project/Assignment:

Time Base of Appointment As Entered on the Calculator :	Full Compensation for this Assignment (As indicated on the Calculator in green text) \$
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Grant Related: YES NO

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 PRINCIPAL INVESTIGATOR (IF GRANT FUNDED)

Signature: _____ **Date:** _____

TO BE COMPLETED BY APPROPRIATE ADMINISTRATOR

Signature: _____ **Date:** _____

Submit to facultyaffairs@sonoma.edu

FACULTY AFFAIRS USE ONLY *cc: Personnel Action File*

<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>
<i>Copy of Grant Related Appointment Sent to Financial Services</i>	<i>Initial</i>	<i>Date</i>

QUESTIONS/CONTACT

If you have any questions about completing this form, please call Faculty Affairs at 664-2192 (CRS 877-735-2929 TTY)