

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 _____ Empl ID: _____ Empl Rec#: _____
As listed in PeopleSoft:

Department Name: _____ Department #: _____ Payroll Unit: _____

Duration of Appointment Start Date: _____ End Date: _____
Fall Semester Spring Semester Partial Semester

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) \$ _____

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: [Temporary Faculty Employment Specialist](#)

FACULTY AFFAIRS USE ONLY cc: Personnel Action File

Approved and Keyed into PeopleSoft	Initial	Date
Copy of Appointment Sent to Payroll and Benefits	Initial	Date
Copy of Grant Related Appointment Sent to Financial Services	Initial	Date

QUESTIONS / CONTACT

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