SONOMA STATE UNIVERSITY | Office of Faculty Affairs

ADDITIONAL EMPLOYMENT FOR FULL-TIME FACULTY
SUMMER FULL TERM ASSIGNMENT

Corresponding Calculator Must Accompany Form

Job Code 2403

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)** $
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)