Faculty Additional Employment Post-Authorization Form

This form should be completed when submitting additional employment for authorization after the work is complete. When submitted for authorization after completion a rationale of late submission should be included as support in event of an audit. Additional Employment is governed by article 36 of the Unit 3 CBA. For questions on how to complete this form contact facultyaffairs@csus.edu

Faculty Information

Faculty Name:	**CHRS ID:**
Faculty Position: --	**Employment Status:** --

Additional Employment Detail

Timeframe	Started:	Ended:	**Workload*** Average hours per week ( ) *or* WTU ( )

* Faculty are limited to a total workload of 125% or 1.25 FTE, and only 1.00 FTE in any one position. When possible, the appointment should be submitted for authorization before work begins so that workload and eligibility can be confirmed in advance.

Description of Duties:

Please provide a description of duties. Duties should be aligned with the limitations of Additional Employment listed in article 36 section 5 of the Unit 3 CBA. (Attach additional pages as needed.)

Compensation Amount and Frequency

Fund Source:**	**Total Compensation Amount:**
Frequency: --	**Funds are available:** ☐ Yes ☐ No

How compensation was determined: ☐ IFT ☐ C.O Buyout rate ☐ Faculty base rate ☐ Set hourly rate (_____)

☐ Other _____

Additional Information _____

** Ex. 10000-MDS01-2922N, additional employment payments should be tied to a class code.

Late Submission Rationale (required for support in event of audit)

By signing below, I confirm funds are available and have been allocated for this appointment and that all required work has been completed. I also confirm that the faculty member is not a FERP participant, Rehired Annuitant workload does not exceed limitations, that this additional work will not place the faculty members workload over 1.25 FTE.

Approver's Name:	**Approver's Title:**
Approver's Signature:	**Date:**