Faculty Additional Employment Pre-Authorization Form

This form should be completed and the appointment submitted before work begins to allow time for OFA review of overall workload and eligibility. Once work is completed update the form with confirmation of completion. 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	Start:	End:
Workload*	In 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. If the workload above + their primary workload and any other assignments totals more than 125% (50 hours per week or 18.75 WTU) at any point during the timeframe listed this faculty may not be eligible for this work, or weekly workload (hours per week) and/or the project timeframe may need to be reconsidered.

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. 1000 character limit. (**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 Info:_____

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

By signing below, I confirm funds are available and have been allocated for this appointment, 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, and that this faculty member is cleared to begin the work described in the Description of Duties.

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

Changes to appointment*** (If changes to the compensation, workload, or dates have occurred note them below)

Compensation:		**Workload:**		**Timeframe:**	
Reasoning:					

*** Changes to compensation or workload will require the appointment to go back through the review process so a revised appointment letter can be generated for the faculty.

Confirmation of Completion (To be completed as confirmation that work is done, in lieu of completion memo)

Work completed on:	**Approver's Title:**
Approver's Signature:	**Date:**