



Application for Faculty State Funded Additional Employment (excluding foundation grants)

No Faculty member is authorized for Additional Employment without Approval Prior to the start date.

Section 1: To Be Completed by Faculty Member

Faculty Name _____ PS ID _____

College/School _____ Department _____

This is a request for \$ _____ of additional pay for the period beginning: ____/____/____ and ending: ____/____/____

List all active employment units below. Active employment is all work during the period stated above. Failure to correctly state requested information could cause pay to be delayed or denial of additional appointment.

- _____ Total of ALL appointments, in units, compensated through CSU payroll NOT including Extended Ed. If faculty's primary appointment is Academic Year (AY), only include AY units if the additional work above is during Academic Work days. (List dates, units, and departments of each additional appointment on back.)
- _____ Total of ALL Extended Education units during the period listed above during the above listed time period.
- _____ Total of ALL appointments compensated through foundation or auxiliary during the above listed time period.
- _____ Total of ALL appointments at any other CSU campus, or College of Extended Education in units.
- _____ Percentage of pay from a federal grant, in their primary faculty position. (ex. 100%, 80%)

This additional employment will be of a substantially different nature from the normal work assignment Yes No

This additional employment will be funded from non-general fund source Yes No

Indicate the reason for this appointment by selecting one of the following:

- Student Advising; Course Development; Dept Chair; Grant (explain in memo); Other (explain in memo)

Section 2: To Be Completed by Requestor

1. **Attach a justification memo.** Explain appointment details such as course names and number of students.

2. Chart Field String: _____ (required). Requestor (form will be returned): _____
Fund Org Class Account

Section 3: Statements and Signatures

I have reviewed the above request and agree that:

1. No other individual is available to cover this faculty member's assignments, making it impossible to reduce this individual's workload and avoid overload status.
2. No work will be performed prior to receiving written authorization from both Academic Resources and Academic Personnel.
3. There is no conflict of interest involved between the faculty member and the additional employment.
4. The overload work does not conflict with the regular faculty appointment/responsibilities.
5. The workload involved is a positive contribution to the University educational program.
6. The quantity of the workload anticipated is a legitimate, reasonable assessment
7. It is appropriate that the individual requesting the overload do the particular work involved.
8. The individual's overload assignment does not exceed 25% above full-time (1.25) in any given semester.
9. No benefits, such as vacation and sick leave, shall be accrued in this position.

Faculty (Employee) Signature and Date

Chair Signature and Date

Dean Signature and Date

Section 4: Final Approval

Academic Resources Signature and Date

Academic Personnel Signature and Date