CAL MARITIME

INSTRUCTIONAL FACULTY (EXTENSION) AGREEMENT FORM

(This form MUST accompany the Request for Personnel Action (RPA) Form)

EMPLOYEE INFORMATION	
Employee's Name (First – M.I. – Last):	Social Security Number (SSN):
Mailing Address (Number & Street, City, State, Zip):	
Home Phone Number:	E-mail address:

CHECK ALL THAT APPLY

☐ New CSU Employee ☐ Current CSU Employee ☐ Former CSU Employee ☐ PERS Retiree

COMPLETE FOR CURRENT CSU EMPLOYEE

Primary CSU Position: ☐ Full Time ☐ Half Time ☐ Fraction _____

1. Will this appointment result in an overtime rate based on the employee's primary position? ☐ Yes ☐ No

2. Is this appointment outside normal CSU work hours? ☐ Yes ☐ No

If "No", complete the following:

☐ Appointee is taking vacation to complete this assignment (Attach Absence Report, Form 634)

☐ Adjusted work schedule

☐ Summer work outside of academic/cruise year appointment

NOTE: NO CSU EMPLOYEE MAY WORK IN EXCESS OF 125% TIME

DESCRIPTION OF DUTIES (Attach Job Description if necessary)

_____

_____

_____

HOW TO PAY

Beginning Date: _____ Ending Date: _____

Hourly Rate (required): $_____/hour *(Rate cannot exceed daily rate in Section E99 of the CSU Salary Schedule)*

Funding source: ☐ General Fund ☐ Non-General Fund ☐ Grant/contract – non-federal ☐ Grant/contract – federal

If funded by a grant, is the casual worker the Principal Investigator of this grant? ☐ Yes ☐ No

Justification for hourly rate determination: _____

Estimated number of days authorized to work: _____ Maximum payment authorized: $ _____

Department: _____ Supervisor: _____

This appointment will be consistent with appropriate CSU guidelines and collective bargaining agreements. (Please refer to the CSU Additional Employment Policy and Public Contract Code Restrictions Policy, http://www.csum.edu/HumanResources/Policies.asp.)

_____ _____

Supervisor Date

PRIOR TO EMPLOYEE'S SIGNATURE, REVIEWED BY HUMAN RESOURCES

_____ _____

Human Resources Analyst Date

EMPLOYEE SHOULD SIGN AFTER REVIEW BY HUMAN RESOURCES. I have reviewed and agree to the conditions of this appointment.

_____ _____

Employee Signature Date

Revised 7/10