

**California State University, Fresno Foundation
ADDITIONAL EMPLOYMENT AGREEMENT**

Auxiliary HR Use Only Date Printed Date Rec'd Date Proc'd EE # UHR APS

Section 1: Employee Information **Section 2: Project Information**

Last Name, First Name, MI
PeopleSoft ID #
University E-Mail Address
 Faculty Staff
College/School

Project Title
Project Director
Cost Center Name
Cost Center No.

Section 3: Requested Additional Employment Appointment

Academic Semester Calendar Year Total Hours Total \$ Requested Overload FTE %
Award/Stipend Amount \$ Academic Year Overload %
Please enter the dates for which you will start and stop the additional employment. Start Date End Date

Section 4: Previously Approved Additional Employment Appointment(s)

Please enter **all** additional employment (including state-funded and CGE) that has previously been approved for the specified time frame listed above. The FTE % should be entered as a percent (i.e. 5 for 5% or 100 for 100%).

Project Title Approved Overload FTE %
Approved Amount \$

Section 5: Compliance with Additional Employment Policy

Based upon the information provided in Section III/IV above, the following represents the employee's total additional appointments:

Total Previously Approved FTE % + Requested FTE % = Total Overload FTE % if Approved

It is the policy of the California State University to not allow cumulative overload of employees greater than 25% above base.

Section 6: Additional Employment Terms and Conditions

Per the terms of the California State University, Fresno ("University") Policy on Additional Employment, I/We am/are requesting approval for the above named employee to perform additional employment outside the scope of his/her University position for the number of hours, or award amount, noted above. I/We understand that this employment is with the California State University, Fresno Foundation ("Foundation"), which is an at-will employer and not subject to collective bargaining. I/We certify that this work is in compliance with the policy of the University. I/We certify that all additional employment previously approved for the academic semester noted above has been reported fully on this form. I/We understand that failure to report all previously approved additional employment is cause for termination of this agreement, as well as other personnel action(s) as may be appropriate. Further, I/We understand that this agreement is subject to the final approval of Academic Personnel Services.

Section 7: University Approval

Employee Date Project Director Date
Chair/MPP Date Dean Date
VP / Provost (or designee) Date

SUBMISSION INFORMATION

**Please return the completed form to Faculty Affairs (or University Human Resources for staff).
Faculty Affairs / University Human Resources will route to Auxiliary Human Resources.**

Section 8: Description of Duties

Please provide a description of the duties the employee will perform during this appointment. To be considered additional employment, the work:

1. Must be performed outside the employee's scheduled work hours/days, or modified schedule as approved by the appropriate administrator,
2. Is substantially different from the position the employee is hired into and/or not covered within the scope of the position or work that should be assigned to someone else within the department/college.

Description of Duties: