

CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION
AUTHORIZATION FOR ADDITIONAL EMPLOYMENT BY EXEMPT EMPLOYEE
(PLEASE COMPLETE A SEPARATE FORM FOR EACH PROJECT)

Name: _____ CSULB ID#: _____
Last First M.I.

Department: _____ Division/College: _____

Classification	Fund	Dept ID	Project	Program	Class
_____	_____	_____	_____	_____	_____

Period of Services: _____ To _____

Employee Data:

CSULB Faculty Appointment Time Base _____ Annual CSU Salary _____

Department Chair Appointment Time Base _____ Computed CSU Hourly Rate _____

Staff/Management Time Base _____ Hourly Rate for this Project _____

(Complete if different from computed CSU hourly rate)

Foundation Pay Schedule:

Employee is required to complete and submit a **Reporting Form for Additional Employment by Exempt Employee – Research Foundation** each month in accordance with Foundation’s Monthly Payroll Schedule for computation of pay.

DETAILED PROJECT DESCRIPTION

(Please describe the nature of the project or activity in detail)

Employee Certification:

I hereby certify that this project is accurately described above and that the effort stated represents a reasonable estimate of work to be performed on this project during the period covered by this report. I also certify that I will not exceed the additional employment limits from all sources during this period.

_____	_____	_____
Employee Name (Print Name)	Employee Signature	Date

_____	_____	_____
Approver/Appropriate Administrator (Print Name)	Approver/Appropriate Administrator (Signature)	Date

_____	_____	_____	_____
Additional Signature (Program Use)	Date	Additional Signature (Program Use)	Date

Received by Foundation on: _____ Approved by: _____

AUTHORIZATION FOR ADDITIONAL EMPLOYMENT FOR EXEMPT EMPLOYEE RESEARCH FOUNDATION INSTRUCTIONS

EMPLOYEE INFORMATION - Employee name, CSULB ID number, department, and division/college.

CHARTFIELD INFORMATION – Classification, Fund, Dept ID, Project, Program and Class.

PERIOD OF SERVICES - This is the period which work will be performed for the project. Please note that the period of services can **NOT** exceed the project/grant period.

EMPLOYEE DATA:

- **CSULB Faculty Appointment Time Base** - Total time base with the University (i.e. 0.5, 0.8, 1.0)
- **Department Chair appointment Time Base** - Department Chair Time base (i.e. 0.2, 0.4, 0.6, 1.0)
- **Staff / Management Time Base** - Total time base with the University (i.e. 0.5, 0.8, 1.0)
- **Annual CSU Salary** - Total annual salary
- **Computed CSU Hourly Rate** - Please contact your college/division ASM for your CSU hourly rate.
- **Hourly Rate for this Project** - The hourly rate employee will be paid from the project which is rent from computed CSU hourly rate. If the hourly rate is more than \$75/hour, it needs to be approved by the Division Vice President or his/her designee.

DETAILED PROJECT DESCRIPTION - Describe the nature of project or activity in detail

SIGNATURES - Employee certification and other approval signatures