

**CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION
REPORTING FORM FOR ADDITIONAL EMPLOYMENT BY EXEMPT EMPLOYEE**

NAME: _____ CSULB ID#: _____

Department: _____ Division/College: _____ Total CSU Time Base: _____

Report of Work Performed on each Project/Grant: Month: _____ Year: _____
(Please complete a separate form for each month)

CLASSIFICATION	FUND	DEPT ID	PROJECT	PROGRAM	CLASS

FOR ACADEMIC YEAR (AY) EMPLOYEE			FOR 12-MONTH EMPLOYEE			% of Effort For Foundation Use
# of Acad days/mo.	# of Non-Acad days/mo.	Total Hrs. Worked	# of Vacation days in the mo.	Research FND Sick Time	Total Hrs. Worked	

Description of Work Performed:

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Description of Work Performed:

Employee Certification: I hereby certify that this form truly reflects my efforts during this period. I also certify that I have not exceeded 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

Grants Allowability

Additional Signature (Program Use) Date

Received by Foundation on: _____ Approved by: _____

