



San José State
UNIVERSITY
FOUNDATION

Faculty Appointment Form

(Use FHR1 for Non-Academic appointment)

For H.R. Use Only

Pay Code	_____
Job Code	_____
W/C Code	_____
Payroll Code	_____
F/B Code	_____
In BT	_____

Federal law requires Human Resources to attest, under penalty of perjury, that each new hire's (1) identity and (2) legal authority to work has been examined and verified. New employees must report within 3 business days of hire to the Foundation Human Resources with the appropriate documentation.

Check One	New Hire	New Account or Acct Change	Reappointment	Rehire	Change of Position	One Time Pay	Separation*	Other
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NAME: _____

Last

First

M.I.

Social Security No. _____
Street Address: _____
City: _____ State & Zip: _____
Email: _____
Home Phone: () _____
U.S. Citizen: Yes ☐ No ☐ Type of Visa: _____
Permanent Address (if different from above)

Supervisor: _____
Work Location: _____
Work Phone: _____
Have you previously worked for the Foundation?
☐ Yes ☐ No If yes, when? _____
Do you have any relatives working for the Foundation?
☐ Yes ☐ No If yes, whom? _____

FOUNDATION EMPLOYEES ARE NOT STATE EMPLOYEES. Foundation employees who work on projects or programs funded by grants, contracts, gifts or fees are considered temporary employees under the meaning of Section 89900(c) of the California State Education Code.

RECOMMENDATIONS

The recruitment and appointment of this person is in conformity with affirmative action policy and/or this appointment conforms to Chancellor's Office policy on overload as specified in FSA79-30.

Project Director/
Program Head: _____

Signature

Date

Dept. Chair: _____

Signature

Date

School Dean: _____

Signature

Date

EMPLOYMENT ALLOCATION

(Must be completed by the Department)

1. SJSU	_____ %
2. CONTINUING EDUCATION	_____ %
3. SJSU FOUNDATION	_____ %
a. Straight Time	
(Fdn. Employee)	_____ %
b. Reimbursed Time	
(Univ. Employee)	_____ %
c. Overload (25% max.)	_____ % _____ hrs
4. TOTAL ALLOCATION OF TIME	_____ %

ANTICIPATED APPOINTMENT PERIOD

AY/SEM _____ Intersession _____ Summer _____ Other _____
Start: _____ End: _____
(Maximum one year or termination of funding, if earlier)
☐ Hourly Rate: \$ _____
%Time of Regular Hours: _____ %Time of Overload Hours: _____
Job/Working Title: _____
Pay Classification: _____
Account No.: _____
Program / Project Title: _____

For information concerning working conditions/benefits, refer to the FDN Employee Handbook or call FDN Human Resources.

Employee Signature	Date
Faculty Affairs Signature	Date
Continuing Ed. Signature	Date
Foundation HR Signature	Date

Reason for separation: _____

Date separation is effective: _____
Last date worked: _____

SEND TO SJSU FDN. HUMAN RESOURCES DEPT.

White/HR Canary/Fdn. Analyst Pink/HR Gold/Project Director

FHR2: 7/04