

# University Employee Appointment Form

**TOWER EMPLOYEES MAY NOT WORK UNTIL THEY HAVE BEEN AUTHORIZED BY TOWER HUMAN RESOURCES.**

Federal law requires Tower Human Resources to attest, under penalty of perjury, that new hire's (1) identity and (2) legal authority to work has been examined and verified. Tower Foundation employees are not employees of the state. Employees who work on Tower Foundation projects are considered temporary employees under the California State Education Code Section 89900(c).

**Check One:**  **New Hire**     **New Account or Account Change**     **Reappointment or Rehire**     **One-Time Pay**     **Other** \_\_\_\_\_

Name: _____ Last First M.I. SS #: _____ - _____ - _____ SJSU ID: _____ Date of Birth: _____ / _____ / _____ Home Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Phone: (_____) _____ - _____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, type of Visa: _____ Permanent Address (if different from above): _____ University Classification: _____ Have you previously worked for the Tower Foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Employee Signature: _____ Date: _____	EMPLOYMENT ALLOCATION <small>(must be completed by UPFA only)</small>			
	SJSU	Fall	Winter	Spring
SJSU Research Found.	_____%	_____%	_____%	_____%
IES	_____%	_____%	_____%	_____%
Special Consultant	_____%	_____%	_____%	_____%
Tower Foundation	_____%	_____%	_____%	_____%
<b>Total Allocation of Time</b>	_____%	_____%	_____%	_____%
Notes: _____ _____ _____  <i>Signature below corroborates any time allocation listed:</i> UPFA Signature: _____ Date: _____				

ANTICIPATED APPOINTMENT PERIOD <small>(maximum one year appointment)</small>			
Fall: _____	Winter: _____	Spring: _____	Summer: _____
Dates: _____ to _____	Dates: _____ to _____	Dates: _____ to _____	Dates: _____ to _____
# of Hours: _____	# of Hours: _____	# of Hours: _____	# of Hours: _____
Hourly Rate: _____	Hourly Rate: _____	Hourly Rate: _____	Hourly Rate: _____
Total Payment: _____	Total Payment: _____	Total Payment: _____	Total Payment: _____

PROJECT INFORMATION	AUTHORIZATIONS		
Project Name: _____ Scope: _____ Description: _____ Supervisor Name: _____ Time Card Approver Name: _____ Tower Account Name: _____ Tower Account #: _____	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.		
	<b>AUTHORIZER</b>	<b>SIGNATURE</b>	<b>DATE</b>
	Acct. Holder		
	Dept. Chair		
	Dean		
	UP (non-faculty)		
	Tower COO		
	Tower HR		

TOWER FOUNDATION HUMAN RESOURCES USE ONLY			
Pay Code: _____	Fringe Benefit: _____	Job Code: _____	Worker's Comp Code: _____

***DocuSign or Wet Signatures are required.***

Payroll #: \_\_\_\_\_

Send ORIGINAL form to Tower Foundation HR in Clark Hall, Suite 300, zip 0183 | (408) 924-1127