SJSU | TOWER FOUNDATION

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.

SJSU ID: _____

Date of Birth: _____ /_____/_____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (_____)_____ - _____

U.S. Citizen: ☐ Yes ☐ No If No, type of Visa: _____

Permanent Address (if different from above):

_____

University Classification: _____

Have you previously worked for the Tower Foundation?
☐ Yes ☐ No If yes, when? _____

Employee Signature: _____ Date: _____

EMPLOYMENT ALLOCATION
(must be completed by UPFA only)

	Fall	*Winter*	*Spring*	*Summer*
SJSU	___%	___%	___%	___%
SJSU Research Found.	___%	___%	___%	___%
IES	___%	___%	___%	___%
Special Consultant	___%	___%	___%	___%
Tower Foundation	___%	___%	___%	___%
Total Allocation of Time	___%	___%	___%	___%

Notes:_____

_____

_____

Signature below corroborates any time allocation listed:

UPFA Signature: _____ Date: _____

ANTICIPATED APPOINTMENT PERIOD
(maximum one year appointment)

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

Project Name: _____

Scope: _____

Description: _____

_____

_____

Supervisor Name: _____

Time Card Approver Name: _____

Tower Account Name: _____

Tower Account #: _____

AUTHORIZATIONS

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.

AUTHORIZER	SIGNATURE	DATE
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