University Employee Appointment Form

Federal law requires the Tower Foundation to attest, under penalty of perjury, that new hire's (1) identity and (2) legal authority to work has been examined and verified. Within three (3) business days of hire, new employees must report the Tower Foundation Human Resources with the appropriate documentation. **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 ☐ Separation ☐ Other _____

EMPLOYEE INFORMATION

Social Security No._____

Name:_____
Last First M.I.

Date of Birth:_____Gender _____

Home Address:_____

City:_____State & Zip:_____

_____

Email: _____

Home Phone: ( )_____

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

Permanent Address (if different from above)

_____

Supervisor:_____

Work Location:_____

Work Phone:_____

Have you previously worked for the Tower Foundation?

Yes ☐ No ☐ If yes, when?_____

Do you have any relatives working for the Tower Foundation?

Yes ☐ No ☐ If yes, whom?_____

ANTICIPATED APPOINTMENT PERIOD

☐ AY/SEM ☐ Intersession ☐ Summer ☐ Other

Start:_____ End:_____

(Maximum one year or availability of funds)

Rate: $_____

Hourly ☐ Monthly ☐ One Time ☐

Univ. Classification_____

Account No.:_____

Account Title:_____

EMPLOYMENT ALLOCATION

1. SJSU _____%
2. CONTINUING EDUCATION _____%
3. TOWER FOUNDATION _____%

Itemize the % for Tower Foundation by type of time:

a. Straight Time (Tower Foundation) _____%

b. Reimbursed Time (Univ. Employee) _____%

c. Overload_____% _____hrs

4. SJSU RESEARCH FOUNDATION _____%

Itemize the % for Research Foundation by type

a. Straight Time (Research Foundation) _____%

b. Reimbursed Time (Univ. Employee) _____%

c. Overload (25% maximum) _____%

5. TOTAL ALLOCATION OF TIME _____%

Signature below corroborates any time allocation listed above:

SJSU Faculty Affairs Signature Date

▶

SEPARATION

Complete if indicated above

Reason for separation:_____

_____

Date separation is effective:_____

Last date worked:_____

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.

Account Holder's Signature Date

▶

Employee Signature Date

▶

Department Chair's Signature Date

▶

Tower HR Signature Date

▶

Dean's Signature Date

▶

Tower Foundation Human Resources Use Only

Fringe Benefit Code_____ Job Code_____ Worker's Comp Code_____

Send Original to Tower Foundation Human Resources, Clark Hall 3rd Floor (University Advancement), ext zip 0183

SAN JOSÉ STATE UNIVERSITY | TOWER FOUNDATION

Rev 02/09