

EMPLOYMENT FORM

UNIVERSITY CORPORATION, SAN FRANCISCO STATE

**INCLUDE RECOMMENDATION TO HIRE, JOB DESCRIPTION,
INTERVIEW AND REFERENCE CHECK NOTES**

TO BE COMPLETED BY PROJECT

EMPLOYEE NAME		BIRTHDATE		SFSU UIN		SFSU EMAIL	
HOME ADDRESS <small>(street) (city) (state) (zip code)</small>				CELL PHONE#		HOME PHONE #	
JOB TITLE (attached detailed job description)		PROPOSED START DATE	ACTUAL START DATE (By UCorp)	PROPOSED END-DATE		JOB LOCATION	
FUND / PROJECT #	DEPARTMENT # (required)	FUND / PROJECT TITLE (required)		IF SFSU FACULTY: SUMMER / WINTER INTERSESSION SABBATICAL OVERLOAD			
PROPOSED RATE OF PAY \$ _____ PER HOUR <u>OR</u> \$ _____ PER MONTH				EMPLOYEE IS CONSIDERED EXEMPT NONEXEMPT <small>NOTE: UCorp will review the job description and determine the appropriate classification, and work with project administrators on aligning the classification and job duties accordingly.</small>			
REGISTERED SFSU STUDENT YES NO		IF YES UNDERGRADUATE GRADUATE		ARE YOU CURRENTLY EMPLOYED BY SFSU YES NO IF YES, HOW MANY HOURS PER WEEK _____ ***INCLUDE A COPY OF SFSU EMPLOYMENT JOB DESCRIPTION*** CAL-PERS RETIREE YES NO			
ARE YOU CURRENTLY EMPLOYED BY UCORP? YES NO		HAVE YOU BEEN PREVIOUSLY EMPLOYED BY UCORP? YES NO					

If an employee is hired to work 75% time (30 hours a week) or more, they become eligible for benefits the first of the month following 30 days from date of hire.

EMPLOYEE SIGNATURE: _____ DATE: _____

(Candidate will sign in presence of UCorp HR)

PROJECT DIRECTOR'S APPROVAL _____ DATE: _____

(Required)

COLLEGE DEAN: _____ DATE: _____

(Required)

VICE-PRESIDENT _____ DATE: _____

(Required for all UCorp / SFSU hires)

UNIVERSITY HR _____ DATE: _____

(Required for SFSU Faculty / Staff only)

TO BE COMPLETED BY UCORP

EXECUTIVE DIRECTOR: _____ DATE: _____

DIRECTOR A & F: _____ DATE: _____

PROJECT COORDINATOR: _____ DATE: _____

UCORP HR: _____ DATE: _____

FOR USE BY UCORP HR / PAYROLL

EMPLOYEE NUMBER	W/C CODE	SALARY CODE 601 - _____		BURDEN CODE	BURDEN RATE	ADDITIONAL INFORMATION		
EXEMPTIONS FEDERAL STATE	MARITAL STATUS	SEX	NRA WITHHOLDING ADJUSTMENT AMOUNT: \$ _____	FIT	FICA	EXEMPT FROM SIT	SUI	DI
CK PICK UP CODE		AA / EOE CODE		BENEFITED		CALCULATE GTL		