



LIMITED EMPLOYMENT AGREEMENT
(NOT TO BE USED IF INDIVIDUAL IS SIMULTANEOUSLY SFSU EMPLOYEE)

Fund # _____ Dept. # _____ Date of Request: _____

Project Contact: _____ Project Phone #: _____

Check Distribution: Mail to payee's address: _____ Hold / Call for pick-up: _____ Phone #: _____

MAKE CHECK PAYABLE TO:

Name: _____

Address / City / State / Zip: _____ DOB: _____
(required)

Dates of Service(s) performed: from _____ to _____ Number of Hours Worked _____
START END

Amount of Payment Requested _____

NOTE:

- Attach a Statement of Work (i.e. Contract)
- I-9 and W-4 requirements are to be completed with UCorp HR Generalist before work is performed

Does the job involve working with minors?	YES	NO	If the answer is yes, fingerprinting and background check are required
Does the job involve driving?	YES	NO	If the answer is yes, proof of valid driver's license and car insurance are required

Dean/Assoc. Dean: _____ Dean/Assoc. Dean Signature: _____

UCORP Executive Director: _____ UCORP Exec Dir. Signature: _____

Dir. Finance and Admin: _____ Dir. Finance & Admin Signature: _____

Project Directors Approval: _____ Date: _____

INTERNAL USE ONLY

Received by UCORP:	Allowance approval:	Payroll Processing:
	By: _____ Date: _____	By: _____ Date: _____
	Comments: _____	EE#: _____ Tax: _____
	_____	W/C: _____ Subcode: 601933