



**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)

Amount of Payment Requested: \_\_\_\_\_ Dates of Service(s) to be performed: \_\_\_\_\_

**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: _____ Tax: _____
	Comments: _____	EE#: _____ Date: _____
	_____	W/C: _____ Subcode: <b>601933</b>