

**EMPLOYMENT QUESTIONNAIRE FOR PROSPECTIVE LECTURERS, CONTINUING EDUCATION
INSTRUCTORS, AND UAS FACULTY EMPLOYEES**

NAME _____ ADDRESS _____

PHONE _____ E-MAIL _____ SOCIAL SECURITY# _____

It is CSU policy to determine the employment status of prospective instructors/researchers on a quarterly basis. In compliance with this policy, please answer the following questions applicable to the _____ Quarter, _____ (year), and return it to the office designated below as soon as possible.

1. Are you or will you be employed **at Cal State L.A.** during the quarter in question? YES NO
(This pertains to positions **other** than that for which you are currently applying.)

If yes, teaching or non-teaching and full-time or part-time

If teaching, number of units assigned _____

If non-teaching, number of hours per week _____

Position title _____

Unit or Department _____

Immediate Supervisor _____

2. Will you be employed **elsewhere within the CSU** during this period? YES NO

If yes, teaching or non-teaching and full-time or part-time

If teaching, number of units assigned _____ (quarter or semester – circle one)

If non-teaching, number of hours per week _____

Name of CSU campus _____

Department or Unit _____

Position title _____

3. Will you be employed elsewhere **outside the CSU** during this period? YES NO

If yes, teaching or non-teaching and full-time or part-time

If teaching, number of units assigned _____ (quarter or semester – circle one)

If non-teaching, number of hours per week _____

Name of Firm/Institution _____

Position Title _____

4. Are you a retired state of California employee (PERS or STRSI)?

YES NO

Thank you.

Signature* Date _____

*CSU employment for faculty unit employees is limited to the equivalent of one full-time position in a primary or normal work assignment. However, CSU directive HR97-07, *Revised Additional Employment Policy*, dated September 22, 1997, provides for additional employment of up to twenty-five percent of a full-time position on a time basis (not salary basis), if the additional employment: (1) consists of employment substantially different from the primary or normal work assignment; (2) is funded from non-general fund sources, or (3) is the result of part-time employment on more than one campus.

By signing, I acknowledge that I have been informed of the policy on additional employment, confirm that the information provided herein is correct and complete, and understand that any false statement or omission may be cause for automatic rejection of my application or for my dismissal after appointment. Furthermore, I understand that this policy is strictly enforced and failure to comply with the policy may subject me to forfeiture of wages earned during the period of noncompliance.

Please mail all parts of this form to:

or drop it off at:

The Office of _____
California State University, Los Angeles
5151 State University Drive
Los Angeles, CA 90032 - _____
ATTN: _____

Room _____
in Building: _____
between the hours of: _____
For information call: (323)-343- _____

Copies shall be provided to: Employee, Dean or equivalent, Supervisor, Payroll Dept.
(Form SU6 - Modified 1/00)