

EMPLOYMENT QUESTIONNAIRE FOR PROBATIONARY FACULTY (INITIAL APPOINTMENT),
PROSPECTIVE TEMPORARY FACULTY, EXTENDED EDUCATION, INSTRUCTORS
AND UAS FACULTY EMPLOYEES

NAME _____ ADDRESS _____

PHONE _____ E-MAIL _____ LAST 4 DIGITS OF SSN# _____

DEPARTMENT School of Social Work

Please answer the following questions applicable to the _____ Quarter, _____ (year), and
return it to the department/school office as soon as possible.

1. Are you or will you be employed in more than one department/school at Cal State L.A. during the quarter of this appointment?
 Yes No

If teaching, number of units assigned _____ Dept. 1 _____ Dept. 2 _____
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 teaching, number of units assigned _____ (quarter or semester-circle one)
If non-teaching, number of hours per week _____
Name of Campus _____
Position Title _____
Unit or Department _____
Immediate Supervisor _____

3. Are you a member of PERS STIRS N/A

4. Are you a retired State of California employee? Yes No

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.

Signature* _____ Date _____