Guideline for Faculty Payment request

UAS CAL STATE LA UNIVERSITY
AUXILIARY SERVICES INC.

FACULTY PAYMENT REQUEST FORM

Faculty Member Name	College	Department
John Doe	ECST	Mechanical Engineering

Academic Year	Semester	Today's Date
2024-2025	Summer	10/10/2024

Employment Questionnaire (125%) For the Above Semester	☑ Attached ☐ On file	Check delivery method:	☐ Pick-up from UAS ☑ Mail to address on file

# of Units Paid	Unit cost	Total Amount Authorized
2.0000000	$3,000.00	$6,000.00

Project to Be Charged

Please use one form for each project charged

Fund	Department	Account	Project ID	Project End Date
GXXXX	2015XX	6XXXXX	GXXXXX	2027

Certification

I certify that I have performed services for the total number of hours/units or percent of effort shown above.

Employee Name John Doe

Employee Signature _____ Date_____

As the supervisor and authorized signatory of the person mentioned above, I certify the units or effort stated above represent a reasonable estimate of work performed during the pay period covered by this payment request form, and meets the 125% overload standards.

Supervisor Name James Dee

Supervisor Signature _____ Date_____

Do Not Write in the area below – UAS Use Only

Verifications

☐ Signatures confirmed ☐ Amount verified ☐ Project ID confirmed

UAS3006 - rev. 10/21

UAS CAL STATE LA UNIVERSITY
AUXILIARY SERVICES INC.

Check here if first time UAS employee ☐

FACULTY EMPLOYMENT QUESTIONNAIRE FORM (125%)

Please check appropriate box:
☐ Campus Programs ☑ GRANTS & CONTRACTS

NAME John Doe ADDRESS 1234 Street Address Name

PHONE (123) 456-7890 EMAIL emailaddress@calstatela.edu

DEPARTMENT Mechanical Engineering

RATE PER UNIT 3000 NO. OF UNITS PER SEMESTER 2

It is CSU policy to determine the employment status of prospective instructors/researchers on a semester basis. In compliance with this policy, please answer the following questions applicable to the Semester Summer Intersessi, Academic Year 2024-25, and return it to: Name_____ office_____ Phone_____

Fund	Department	Account	Project ID	Project End Date
GXXXX	2015XX	GXXXXX	GXXXXX	8/31/2027

1. Are you or will you be employed at Cal State L.A. during the semester in question? ☑YES ☐NO
If yes, teaching ☑ or non-teaching ☐ and full-time ☑ or part-time ☐
If teaching, number of units assigned 3
If non-teaching, number of hours per week _____
Position Title _____
Unit or Department _____
Immediate Supervisor Department Chair's name

2. Will you be employed elsewhere within the CSU during this time period? ☐YES ☑NO
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 _____
Name of CSU campus _____
Unit or Department _____
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 _____
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

John Doe
Employee Name Signature Date

James Dee
Supervisor Name Signature Date

College Resource Manager's name
Resource Manager Name Signature Date

UAS Grant Financial Analyst's name
Financial Analyst Name 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 results 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.

Copies to: Employee, Dean or equivalent, Supervisor, Contracts and Grants, Payroll **UAS3015 Rev. 10/2021**

Preliminary Information:

- If faculty unit rates are unknown, please reach out to the college's fiscal department to acquire the rate.
- Attach the Faculty Employment Questionnaire Form (125%), please find the guidelines and example on the next page.

STEPS:

1. Fill out the faculty information in the first section and the semester that you will be claiming the payment.
2. Input grant/project that will be charged.
3. Input your name and the chair of your department for the supervisor's name and have both sign when routed via Adobe Sign
4. Attach Faculty Employment Questionnaire Form (125%) to this document and send via Adobe Sign to the required individuals for their signatures.

Faculty Employment Questionnaire Form (125%)

STEPS:

1. Check the box applies to the charge that the faculty payment will come from.
2. Fill out "Name", "Address", "Phone", "Email", "Department", "Faculty rate per unit", "Semester", and "Academic year".
3. Input grant/project account information.
4. Fill out questions 1-4 based off the faculty's situation, please refer to the sample of how the questionnaire form can be filled out.
5. Add the required individual's, Department Chair's (supervisor), and the Resource Manager's name on the form
6. Then send via Adobe Sign for signatures of the individuals mentioned in Step 5, if not using the Faculty Pay Webform.
7. *If using the Faculty Pay Webform, after the forms are signed by all parties, you will receive a signed copy, and the signed copy will need to be sent to the grant's UAS Post-Award Administrator via email.
8. **If not using the Faculty Pay Webform, the grant's UAS Post-Award Administrator can be CC on Adobe Sign when routing the Faculty Pay documents for all parties to sign.