

Yellow=required field  
Blue=only if applicable  
Grey=instructions

### CSUSM CORPORATION

(This appointment is not effective until approved by the CSUSM Corporation Executive Director or designee)

To be completed by the supervisor or designee (please type).  
Handwritten forms will **not** be accepted

Please attach a completed **job description** to this form for all **NEW HIRES** or **NEW JOB TITLES** prior to submittal.

#### Employee Information

Employee Name (Last, First, MI)	Project #	Fund #	Dept #	Class Code (if applicable)
	Complete if wkg on 2 projects			
Employee Email	Complete if wkg on 3 projects			
Job Title	Complete if wkg on 4 projects			
Working Remotely or Hybrid - Zip Code	Department Phone	Project Name(s):		
Required to confirm minimum wage compliance		This position involves working with (check all that apply):		
Check Type of Employee (New, Rehired Employee, etc.) & Reasons for change (Appt. Change, Pay Rate Change, etc.).	Leave Section Blank if n/a or Unknown; confirm with Corp. HR, if needed.	Minors <input type="checkbox"/>	Disabled <input type="checkbox"/>	Elderly <input type="checkbox"/> Animals <input type="checkbox"/>
Type of Employee:	If Change, Select Reason:	Old rate and Per fields needed for <b>Current Employee</b> with pay rate change or <b>Rehired Employee</b> .		
<input type="checkbox"/> New Employee	<input type="checkbox"/> Appointment Change	If pay rate change, show old rate and attach justification: Old rate _____ Per _____		
<input type="checkbox"/> Rehired Employee	<input type="checkbox"/> Pay Rate Change	Comments		
<input type="checkbox"/> Current Employee	<input type="checkbox"/> Extending Appointment			
<input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Other Change			
<input type="checkbox"/> CSU Employee				

#### Effective Dates and Employee Category Information

New Employee Start Date = First Day Working (Select one employee category and place an "X" in the box below)

All Others - Effective Date should be the 1st or 16th of the month

Proposed Start/Effective Date\*: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Total # of Weeks: \_\_\_\_\_ (Not to exceed 52 weeks)

For new hires/re-hires, this field should be actual first day training/working

<input type="checkbox"/>	Regular Employee (37% Benefit Rate)
<input type="checkbox"/>	Temporary/Part-time with paid vacation/PTO/Holidays (9.3% Benefit Rate)
<input type="checkbox"/>	Temporary/Part-Time sick time only (9.3% Benefit Rate)
<input type="checkbox"/>	Student Asst sick time only (2.2% Benefit Rate)
<input type="checkbox"/>	Student Asst = min. 6 units undergrad/4 units grad

\*Please submit New Hire EAFs a minimum of two weeks in advance of start date.

#### Pay Rate and Project Cost Information

Units only apply to CSUSM; you can confirm student status w/Corp. HR, if needed.

Complete this section for one type of employee only (Hourly or Salaried)

Complete for Hourly Non-Exempt Employees only:

Hours per week: \_\_\_\_\_  
Hourly Pay Rate: \_\_\_\_\_  
Total # of weeks: 0  
Benefit Rate: 0

Project Charges if Hourly employee:

#REF!	#REF!	=	#REF!
Wages +	Benefits		Total

Complete for Salaried Exempt Employees only:

Only include # of pay periods for the EAF appointment period.

Salary Monthly: \_\_\_\_\_  
Salary Per Pay Period: \$0.00  
Total # of pay periods: \_\_\_\_\_  
Benefit Rate: 0

Project Charges if Salaried employee:

\$ _____	\$ _____	=	\$ _____
Wages +	Benefits		Total

#### Supervisor and/or Project Director Signature

Must list name in both fields, even if Supervisor and Project Director/PI name are the same. Need **both** fields' signature and

Supervisor Name	Captured via Adobe Sign	Supervisor Signature	Captured via Adobe Sign	Supervisor Signature	Captured via Adobe Sign	Date
Project Director Name	Captured via Adobe Sign	Project Director Signature	Captured via Adobe Sign	Project Director Signature	Captured via Adobe Sign	Date
Dean (Academic Affairs Only)		Dean Signature		Dean Signature		Date
Division VP or Provost/Vice Provost Reviewer Signature		Date		Date		Date
Division VP, Provost/Vice Provost or Dean of OGSR Name		Division VP, Provost/Vice Provost or Dean of OGSR Signature		Division VP, Provost/Vice Provost or Dean of OGSR Signature		Date
Contact Person:	List the name of person submitting EAF.	Complete if Time & Attendance approver is different than listed Supervisor.	ADP Time & Attendance Supervisor (if different than above)			

Once completed, route for signatures and signature dates up through PI/Project Director then email signed EAF as a PDF to hrcorp@csusm.edu.

Directions: Route EAF through Adobe Sign for required approvals up through Division VP, Provost or Dean of OGSR (where applicable); after applicable approvals have been obtained, send EAF to Corporation HR (hrcorp@csusm.edu) for final review and additional required approvals

NOTE: All Part-Time Employees working 1,000 hours or more during the fiscal year (July - June) and still actively employed with CSUSM Corporation on June 30th will be eligible for the 8% Employer Retirement plan contribution and the project will be responsible for the funding of such contribution (Student Assistants are not eligible)

#### HR ONLY:

President's Designee Signature	Date
CSUSM Corporation Approval	Date
CSUSM Corporation Human Resources Approval	Date
CSUSM Human Resources Approval	Date