

CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION
AUTHORIZATION FOR ADDITIONAL EMPLOYMENT BY EXEMPT EMPLOYEE
(PLEASE COMPLETE A SEPARATE FORM FOR EACH PROJECT)

Name: Last First M.I. CSULB ID#:
Department: Division/College:
& O D V V L ; F D W L R Q Dept ID 3 U R M H F W Program Class
3 H U L R G R I 6 H U Y L F H V To

**AUTHORIZATION FOR ADDITIONAL EMPLOYMENT FOR EXEMPT EMPLOYEE
RESEARCH FOUNDATION INSTRUCTIONS**

EMPLOYEE INFORMATION ~~PSORHHQPHPEHUGHS DUFHGGGLYLVLRE BROOHJH~~

CHARTFIELD INFORMATION ~~QDVVLEJLWRGHSURMHFURJUDPDGQDVV~~

PERIOD OF SERVICES ~~KVLVWSHULRGZKFKRUNZLOOEHS HUIRUPHGIRUMSURMHFQHDVHRWVW
WSHULRGRIVHU YLFHVNDOTHFHHGWSURMHFWUDSHULRG~~

EMPLOYEE DATA:

- x CSULB Faculty Appointment Time Base ~~RDOWPHEDVHZLWBYHUVLWH~~
- x Department Chair appointment Time Base ~~HSDUPHEWLUZPHEDVHLH~~
- x ~~BDQJHPHDPHWH~~ ~~RDOWPHEDVHZLWBYHUVLWH RWRBH~~

x

x

pöp