

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 ~~QDVVLEJLWREGHSJURMHFURJUDPDGQDVV~~

PERIOD OF SERVICES ~~KVLVWSHULRGZKFZRUNZLOOEHS HUIRUPHGIRUMSURMHFQHDVHRWVW
WSHULRGRIVHUFLFHVNDOTHFHHGWSURMHFWUDSHULRG~~

EMPLOYEE DATA:

- x CSULB Faculty Appointment Time Base ~~RDOWPHEDVHZLWBYHUVLWH~~
- x Department Chair appointment Time Base ~~HSDUPHMLUZPHEDVHLH~~
- x ~~BDQJHPHDPHWH~~ ~~RDOWPHEDVHZLWBYHUVLWHRWRSH~~

x

x

pöp