

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
TEACHING ASSOCIATE/GRADUATE ASSISTANT APPOINTMENT FORM**

BACKGROUND CHECK VALIDATION: Is this a "Sensitive" Position requiring a background check? Yes No
(If yes, complete next sections.)
Last Day Worked: _____ Within 12 months? Yes No
Background Check Submitted: Yes No If so, indicate date of submission: _____

TODAY'S DATE: _____

EMPL ID/RECORD: _____

APPOINTEE INFORMATION

NAME: _____
Last, First, MI

ADDRESS: _____

PHONE: _____

BIRTHDATE: _____

SSN: _____

Ethnicity _____ U.S. Citizen? Y N

Gender M F Visa Status _____

BUDGETARY INFORMATION

AMOUNT: \$ _____

ACCOUNT CODE: _____

Authorizing Signature _____

Choose one: I-9 on file
 I-9 attached

EDUCATION LEVEL	DEGREE	INSTITUTION	YEAR	MAJOR
HIGH SCHOOL	_____	_____	_____	_____
SOME COLLEGE	_____	_____	_____	_____
A.A.	_____	_____	_____	_____
BACHELOR'S	_____	_____	_____	_____
MASTER'S	_____	_____	_____	_____

APPOINTMENT INFORMATION

COLLEGE: _____ NATURE OF APPOINTMENT (CHOOSE ONE)

DEPARTMENT: _____ Rehire Concurrent Appt

JOB CODE: _____ New Hire Correction/Revision

EFFECTIVE DATE: _____ END DATE: _____

POSITION NO.: _____ TERM: _____

HOURS/WEEK: _____ OR WTUS _____ FTE/Timebase: _____
(WTUs/15 or hours per week/40)

MONTHLY RATE OF PAY: _____

APPROVAL

I approve the terms of the appointment above and certify that this individual is currently enrolled in a graduate degree program and is academically eligible for this position.

_____ Department Chair

I approve the terms of this appointment.

_____ College Dean _____ Associate Provost/Academic Personnel

ADDITIONAL INFORMATION (Include units enrolled)
