



# PERSONNEL TRANSACTION REQUEST FORM MPP/STAFF ADDITIONAL PAY

ATTENTION: This appointment, reappointment or change of status is not valid, and is not approved until so indicated in writing on this form by TAP or OSRP Human Resources. No individual may begin work without prior approval. It is the responsibility of the hiring coordinator/supervisor to follow up to confirm the status of the personnel request. This form must be received by TAP or OSRP Human Resources prior to the effective date.

## EMPLOYEE INFORMATION

All employees are required to meet federally mandated I-9 work eligibility and authorization procedures. All employees therefore must present acceptable work authorization documents to Toro Auxiliary Partners Human Resources no later than their first day of work as a new hire or rehire. Name, Home Address, City, State, Zip Code and Cell Phone required for New Hire.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
TAP Employee ID#

\_\_\_\_\_  
Date Form Printed

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Department

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Division

\_\_\_\_\_  
CSUDH Status:

\_\_\_\_\_  
Work Location  
(must indicate name of city employee will be working in)

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
University Hire Date

Check all that apply:  Account Change  Pay Rate Change  Position Change

## CSU ADDITIONAL EMPLOYMENT POLICY ACKNOWLEDGEMENT

CSU employees are allowed to engage in additional employment compensated by the California State University, whether funded by General or Non-General Funds, including CSU Auxiliaries. "Additional employment" refers to any CSU-related work beyond the employee's primary appointment. This additional employment must not exceed a 25% workload overage.

By signing below, I certify that this additional work will be performed outside of my regular work hours with CSUDH and will not interfere with my primary job responsibilities.

Employee Signature: \_\_\_\_\_

## APPOINTMENT/ASSIGNMENT INFORMATION

**Check One:**  New Hire  Continuing  
(MPP/Staff Only)

Position Title: \_\_\_\_\_

Appointment Start Date: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_

### Rate of Pay (HR Must Approve)

Hourly: \_\_\_\_\_  One-time Payment: \_\_\_\_\_  Pay Per Period Salary: \_\_\_\_\_

Appointment Effort % \_\_\_\_\_ Annual Salary: \_\_\_\_\_ Budget Amount: \_\_\_\_\_

