

CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION

EMPLOYMENT STATUS FORM / HIRING DOCUMENT

This form must be completed by the project (NOT the employee) for all new hires, changes in job classifications, salary rates and/or job status. **Form must be received by Research Foundation HR 5 working days prior to the employee's start/change date.**
 Changes are not valid/approved until signed off by Research Foundation HR. **DO NOT ALTER THIS FORM**

EMPLOYEE NAME: _____	CSULB ID#: _____
COLLEGE NAME: _____	PI NAME: _____
DEPT/PROJECT NAME: _____	EMPLOYEE PHONE EXT. _____

TYPE OF TRANSACTION (Check All that Apply)

NEW HIRE	RE-HIRE	CHANGE (explain) _____
Currently a CSULB University Stateside Employee (Dual Employment)? Yes No If yes, please complete below.		
Position? _____	Department? _____	Manager? _____
Stateside Work Schedule (Days/Hours per week): _____		

REQUIRED EMPLOYMENT INFORMATION:

Employment is "at-will" and can be terminated at any time, with or without cause or advance notice by either the employer or employee.

1. JOB CLASSIFICATION _____	WORKING TITLE _____
2. START DATE (ACTUAL 1ST DAY WORKED) _____	END DATE * _____
*If project start/end dates vary by project--attach separate sheet indicating project# and corresponding start/end date(s). Project period (start/end date) is simply a budget period and is NOT a guarantee of employment for any specific amount of time. Separation Form required with final timecard whenever anyone separates employment (student, temp, staff or faculty).	
3. Working schedule for this Project/Program (Days/Hours) _____	
4. Working on other Research Foundation Projects/Programs? _____	
Program/Project Name and End Date _____	
5. Working with minors and/or the elderly? Yes ** No	
**If YES, fingerprint clearance required prior to work then every 12 months in order to continue working.	
6. Will Employee have access to level 1 confidential data or cash? Yes ** No	
**If YES, background check clearance required prior to starting work. No exceptions	

EMPLOYEE STATUS

<p>Benefitted Categories (Requires Position Posting):</p> <p>Full-Time Regular (30-40 hours) _____ hours per week</p> <p>Part-Time Regular (20-29 hours) _____ hours per week</p> <p>Effort % _____ Benefitted Position # _____</p> <p>All benefitted positions must be posted on the Research Foundation website for a minimum of 2 weeks and are contingent upon successful background check clearance prior to start date. Contact HR for assistance.</p>	<p>Non-Benefitted Categories (Select One-Provide Hours):</p> <p>Undergraduate Student _____ hours per week (max 20)</p> <p>Graduate Student _____ hours per week (max 20)</p> <p>Temporary(max 6 mo appt) _____ hours per week (max 28)</p> <p>Seasonal Summer Program _____ hours per week (max 40- not to exceed 12 weeks)</p> <p>Will Temporary Employee Need E-mail? Yes No (Students must use student email)</p> <p>Current job description attached? Yes No</p>
---	--

SALARY INFORMATION

<p>OPTION 1</p> <p style="text-align: center;">HOURLY (Non-Exempt)</p> <p>Regular Rate per Hour: \$ _____</p> <p>**All wage changes require written request at least 2 weeks in advance of change for HR review and approval for future effective date. NO EXCEPTIONS.</p>	<p>OPTION 2</p> <p style="text-align: center;">SALARIED (Exempt-Requires prior HR review/approval)</p> <p>Salary Per Pay Period (24 x Year) \$ _____ (Annual Salary Divided by 24 Pays)</p> <p>Annual Wage to be Earned by Employee \$ _____ (Gross Amount Before Taxes)</p>
---	--

**CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION
EMPLOYMENT STATUS FORM / HIRING DOCUMENT**

CHARTFIELD INFORMATION

PROJECT/PROGRAM NAME	FUND	DEPT	PROJECT	PROGRAM	CLASS CODE	EFFORT %

* (SALARIED ONLY-MUST EQUAL 100%)

EMPLOYEE ACKNOWLEDGEMENT RECEIPT

**** ONLY REQUIRED FOR HOURLY (NON-EXEMPT) STAFF – PROVIDE COPY TO EMPLOYEE ****

Labor Code section 2810.5(b) requires that the employer notify employees in writing of any changes to the information set forth within 7 calendar days after the time of changes, unless one of the following applies: (a) all changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) notice of all changes is provided in another writing required by the law within 7 days of the changes. The full text of Labor Code section 2810.5 may be found at www.leginfo.ca.gov/calaw.html.

The employee's signature on this notice constitutes acknowledgement of receipt. It is the employer's obligation to ensure that the employment and wage-related information provided on this notice is accurate and complete. Furthermore, the employee's signature does not constitute a voluntary written agreement as required under the law between the employer and the employee. Any such voluntary written agreement must be evidenced by a separate document. The CSULB Research Foundation is an atwill employer. Employment can be terminated at any time, with or without cause or advance notice by either the employer or the employee. **SIGN AND DATE WITHIN 7 DAYS OF THE EMPLOYEE'S START DATE.**

Employee (Print Name)_____
Employee Signature_____
Date_____
Employer Representative (Print Name)_____
Employer Representative Signature_____
Date

APPROVAL SIGNATURES

Requestor (Print Name)_____
Requestor Signature_____
Date_____
Approver (Print Name) - Level 4 or Higher_____
Approver Signature - Level 4 or Higher_____
Date_____
ORSP Allowability_____
Date_____
Human Resources Signature_____
Date

DEPT USE ONLY: Rcvd _____ /Benes _____ /Enter _____ W4 _____ /DD _____