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| **Job Title Classification**  **Check One:** | Special Consultant\*  Exempt/Non-Exempt (4660/4662/8379)  \* *Refer to Special Guidelines on reverse* | Casual Worker (1800) | Instructional Faculty Extension, Non-Credit  (2363- Sponsored Projects & Extended Learning) |

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| **SECTION I: DEPARTMENT and POSITION DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| Department Name: | | | | Department Number: | | | | | | | | | Supervisor Name: | | | | | | | | |
| Proposed Start Date:  Click here to enter a date. | | | Proposed End Date:  Click here to enter a date. | | | | | | | Position Role/Title: ***(Attach job description or contracts if applicable)*** | | | | | | | | | | | |
| ***Description of Duties:*** |  | | | | | | | | | | | | | | | | | | | | |
| **SECTION II: HIRE INFORMATION (Please attach Resume)** | | | | | | | | | | | | | | | | | | | | | |
| Hire Name (First, MI, Last): | | | | | | | | | | | CSU Employee ID: | | | | | | | | | | |
| Address (Number & Street, City, State, Zip): | | | | | | | | | | | E-mail address: | | | | | | | | Home/Cell Number: (Primary): | | |
| **SECTION III: EMPLOYMENT STATUS - REQUIRED (*Incomplete forms will be returned*)** | | | | | | | | | | | | | | | | | | | | | |
| Current CSU Employee (**See Below**) | | | | | | New CSU Employee | | | | | | PERS/STRS Retiree | | | | | | Former CSU Employee | | | |
| **CURRENT CSU EMPLOYEE PRIMARY POSITION STATUS:**  Full-Time  Part-time, What is the FTE, WTU or # of Hrs./week? | | | | | | | | | | | | | | | | | | | | | |
| **CHECK ALL THAT APPLY (Required):**  Cal Maritime Employee  Other CSU, if so where:   1. Will this appointment result in more than 125% employment within the CSU system?  Yes  No 2. Will this appointment result in an overtime rate based on the employee’s primary position?  Yes  No 3. Is this appointment outside normal CSU work hours? Yes  No   If “**Yes**”, complete the following:  Appointee is taking vacation to complete this assignment (Attach Absence Report, Form 634)  Adjusted work schedule  Summer work outside of academic/cruise year appointment | | | | | | | | | | | | | | | | | | | | | |
| **SECTION IV: SALARY INFORMATION FUNDING SOURCE (Completed by Supervisor)** | | | | | | | | | | | | | | | | | | | | | |
| **SPECIAL CONSULTANTS ONLY**: Daily Rate: $  **Cannot exceed daily rate in Section E99 of Salary Schedule.** | | | | | | | | | | | | | | | **OTHER CLASSIFICATIONS**: Hourly Rate: $  **(i.e. Casual Worker, Instructional Faculty, Ext.)** | | | | | | |
| Estimated number of days authorized to work: | | | | | | | Maximum Payment Authorized: | | | | | | | | | | \* Salary per Week:  \* Salary per Month:  \* *Refer to Special Guidelines on reverse* | | | | |
| Justification for Daily/Hourly Rate: | | | | | | | | | | | | | | | | | | | | | |
| General Fund | | | | | Non-General Fund | | | | Grant/Contract –Non- Federal | | | | | | | | | | | Grant/Contract –Federal | |
| Are you the Principal Investigator for this grant?  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| **SECTION V: Administrative /Fiscal Approvals:** | | | | | | | | | | | | | | | | | | | | | |
| Dept. Chair/Director/Manager Signature: | | | | | | |  | | | | | | | | | | | | | | Date:    /    / |
| Human Resources Signature: | | | | | | |  | | | | | | | | | | | | | | Date:    /    / |
| Administrator/Assoc. Vice President/Dean Signature: | | | | | | |  | | | | | | | | | | | | | | Date:    /    / |
| Budget Coordinator (Academic Affairs only): | | | | | | |  | | | | | | | | | | | | | | Date:    /    / |
| Provost/Vice President Signature: | | | | | | |  | | | | | | | | | | | | | | Date:    /    / |
| Budget Officer Signature: | | | | | | |  | | | | | | | | | | | | | | Date:    /    / |
| President Signature: | | | | | | |  | | | | | | | | | | | | | | Date:    /    / |
| ***Budget Officer Position Control Request*** | | | | | | | ***Use Existing Position Number***  ***Assign New Position Number*** | | | | | | | | | | | | | | |
| **SECTION VI: Human Resources Use Only:**  **Hiring Documents Received** | | | | | | | | | | | | | | | | | | | | | |
| **Effective Date:**     /    / | | **Salary:**  **$**     **.00** | | **Job & Range Code:**       / | | | | **Position Number:** | | | | | | **CBA:**  **E99** | | **Retirement Code:**       **Check Current Status**:  CalPERS  PST  Reh. Annuit.  N/A | | | | | |
| **Immediate Pay Appointments For Which This Form Is Appropriate:** | | | | | | | | | | | | | | | | | | | | | |
| The hiring of Personnel at California State University Maritime Academy (Cal Maritime) will be consistent with appropriate CSU guidelines and collective bargaining agreements. Appointments are approved only for the dates, rates (hourly or daily), and total number of days specified in this RPA. Any changes in the period of employment, pay rates, total number of days authorized, or assignments must be submitted on a new agreement form and signed by administrative and fiscal approvers. Care must be taken to ensure that Agreement articles related to appointment and notice, as well as CSU System-wide Classification and Qualification Standards are upheld. *Current CSU system employees who accept additional employment as are subject to the Additional Employment Policy of the California State University (HR 2002-05 and Public Contract Code 2003-21) or the applicable collective bargaining agreement, all of which limit total employment within the CSU to a maximum of 125% of full time.* | | | | | | | | | | | | | | | | | | | | | |
| **\*Special Consultant Guidelines:** | | | | | | | | | | | | | | | | | | | | | |
| The salary level test of the FLSA exemption regulations require that exempt employees be paid a minimum of $684 per week or $2,964 per month. Effective January 1, 2020, and thereafter, Special Consultants paid less than $684 for the  equivalent of 40 hours or $136.80 per day ($684/5 = $136.80) will need to be appointed to the equivalent non-exempt  classification (e.g., Special Consultant - NE, class code 8379). Exempt employees working multiple concurrent time-based positions may remain exempt if the combined salary of the positions meet the new salary threshold, provided that when combining all the duties, the primary duties remain exempt. If the non-exempt duties are the primary duty, the employee will be non-exempt. | | | | | | | | | | | | | | | | | | | | | |
| **Instructions:** | | | | | | | | | | | | | | | | | | | | | |
| 1. Complete the form 2. Include attachments as needed 3. Obtain all necessary signatures before forwarding your RPA to Human Resources 4. Incomplete forms will be returned | | | | | | | | | | | | | | | | | | | | | |
| **Complete Fields As Follows:** | | | | | | | | | | | | | | | | | | | | | |
| **Job Title Classification** | | | | | | | * Check the appropriate position classification | | | | | | | | | | | | | | |
| **SECTION I**  **Department and**  **Position Details** | | | | | | | * Enter the department name and number. This information should correspond with data-set up in People Soft. * Enter Proposed “Start” (first day of the appointment) and “End” dates * Enter job title * Describe primary duties and responsibilities as well as required qualifications and specialized skills/knowledge necessary in order to perform the work. Attach separate page if necessary. * Attach Job Description or contract if applicable | | | | | | | | | | | | | | |
| **SECTION II**  **Hire Information** | | | | | | | * Enter individual appointment by name, as it appears on their social security card. Complete the hires demographic information Enter individuals contact information | | | | | | | | | | | | | | |
| **SECTION III**  **Current CSU Employee Status** | | | | | | | * The section identifies the status of the **current “CSU” hired employees** and references critical data required of them. All sections and boxes that apply must be completed. | | | | | | | | | | | | | | |
| **SECTION IV**  **Salary Information**  **Funding Source** | | | | | | | * Check the appropriate classification * List Daily Rate for Special Consultants and the Hourly Rate for all other classifications * Enter Estimated number of Days not to exceed total number of days to be worked * Enter Maximum Rate of Pay * Describe Justification for the Pay * Identify the funding source and check the appropriate box | | | | | | | | | | | | | | |
| **SECTION V**  **Administrative/Fiscal Approvals** | | | | | | | * RPAs must include Signatures approvals of the Department Chair, Academic Dean, AVP, Provost/VP/President (Athletics only) and Budget Officer. * **INCOMPLETE RPAs WILL BE RETURNED TO THE DEPARTMENT** | | | | | | | | | | | | | | |
| **SECTION VI**  **Human Resources Only** | | | | | | | For HR Only – no action required | | | | | | | | | | | | | | |

RESOURCES:

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| **LINK** | **DESCRIPTION** |
| [HUMAN RESOURCES EMPLOYMENT SERVICES](http://www.csum.edu/web/hr/employment-services) | Access to HR Recruitment Forms |
| [CSU SALARY SCHEDULE](http://www.calstate.edu/hrpims/salary/SalarySchd20161018.pdf) | Link to CSU Salary Schedule for all classifications |
| [Employment Policy](https://www.calstate.edu/HRAdm/Policies/HR2002-05.pdf) | CSU Employment Policy |
| [Timesheets](https://www.csum.edu/web/hr/payroll-services) | Timesheets (Absence and Additional Time Worked & Special Consultant) |