**MEMORANDUM**

**DATE:** Month Day, Year

**TO**: Name

Title, Department/College/Unit

**CC:** Name, Dean, College

Name, Associate Dean, College

Name, Lead Analyst, College

**FROM:** Name

Title, Department/College/Unit

**SUBJECT:**  Assigned Time Memorandum Of Understanding:Project Name, Appointment Title

I am pleased to offer to you an assigned time appointment of <DESCRIPTIVE TITLE> effective <EFF DATE> and ending on or before <END DATE>. This assignment holds a timebase of .XX FTE (XX Weighted Teaching Units/WTU) which will be included in the 125% overall combined workload limit as outlined in Article 36 of the Collective Bargaining Agreement between the California Faculty Association and the California State University and the CSU System-Wide Additional Employment Policy (HR 2002-05). Work on this assignment may not commence until final approvals are secured via this signed MOU and the Assigned Time and/or Additional Employment Request process has been completed through your college.

This appointment is a faculty appointment, retaining the classification and salary you hold as a <TITLE> in the <DEPT NAME> of xxxx. As such you are eligible for salary increase programs agreed upon by the California Faculty Association and the California State University.

**Duties:**

<INSERT DESCRIPTION OF DUTIES>

**Fiscal Agreement:**

Assigned time funds are transferred from the hiring entity to the faculty member’s home department at the rate of $XXXX per WTU. The home department will continue to pay the faculty member’s salary, while being reimbursed by the hiring department. The total amount to be transferred for this assignment is $XXXX.

**Additional Compensation** (please select the appropriate language below):

There is no additional compensation with this assignment.

There is additional compensation for this assignment outside of the primary faculty appointment as outlined below.

**Project Outcome Report:** 

* Intended outcomes or deliverables
* Report due date and format

**Acceptance:**

To confirm your acceptance of this position, please sign this letter and return a copy to the Office of xxxxx. If you have any questions, please do not hesitate to contact me.

<Faculty Name>, Title Date

<Dean Name>, Title Date

<Hiring Administrator Name>, Title Date

**Reminder:** The Collective Bargaining Agreement (Article 36) and the CSU System-Wide Additional Employment Policy (HR 2002-05) limit employment within the California State University system to a total of 125%, including the 25% additional employment. Refer to CBA for more detailed information.