

**California State University, Northridge  
FACULTY GRANTS AND CONTRACTS  
WORKLOAD DISCLOSURE FORM**

Faculty employed by the Corporation or Foundation to perform additional professional duties via grants or contracts are required to complete a ***Grants and Contracts Workload Disclosure Form*** to assist the University in monitoring total CSU employment. Work performed for the Corporation or Foundation must not conflict with a current faculty member's regularly-scheduled duties or exceed the 125% workload limitation imposed by the Unit-3 Faculty Collective Bargaining Agreement and CSU Additional Employment Policy. **Please submit completed form to the Office of Research and Sponsored Projects in advance of any work being performed.**

*(Type in Faculty Member's Name, Dept, and Campus Mail Code)*

Name: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Mail Code: \_\_\_\_\_

**CSUN I.D. Number:** \_\_\_\_\_

**Beginning Date:** \_\_\_\_\_

**Ending Date:** \_\_\_\_\_

*(Notify Office of Research and Sponsored Projects of any changes to the dates above.)*

Name or Title of Grant or Contract: \_\_\_\_\_  
 P.I. Name: \_\_\_\_\_  
 Extension: \_\_\_\_\_

**Average Percent of a Full-Time Workload that will be dedicated to this Grant or Contract during the period indicated above:**

**TO BE COMPLETED BY FACULTY MEMBER: (Check all that apply to your current employment, other than grant work.)**

\_\_\_\_\_ Full-Time CSUN Faculty Member  
 \_\_\_\_\_ Part-Time CSUN Faculty Member:      Timebase: \_\_\_\_\_ (if known)  
 \_\_\_\_\_ PERS Rehired Annuitant (not participating in FERP)  
 \_\_\_\_\_ FERP Timebase:      Fall: \_\_\_\_\_ Spring: \_\_\_\_\_  
 \_\_\_\_\_ Summer Faculty:      Units: \_\_\_\_\_

\_\_\_\_\_ Intersession Faculty:      Units: \_\_\_\_\_  
 \_\_\_\_\_ CSUN Staff/MPP (non-academic).      Timebase: \_\_\_\_\_  
 \_\_\_\_\_ Another CSU campus.      T      Timebase: \_\_\_\_\_  
 \_\_\_\_\_ Other (Specify): \_\_\_\_\_

I certify that work performed for the Corporation/Foundation will not conflict with my regular CSU employment.

**Faculty Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Research and Sponsored Projects: \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed for compliance with "125% Rule":**

Faculty Affairs: \_\_\_\_\_ **Date:** \_\_\_\_\_