



**** This is a sample of the Total Instructional Employment Disclosure Form. The online form is available in the [CSUN myNorthridge Portal](#).**

Total Instructional Employment Disclosure Form

Office of Faculty Affairs

Semester/Term (Fall, or Spring): _____ YEAR: _____

This form is to be completed each semester/term by Faculty (Full Time and Part-Time) and Academic Student Employees (Teaching Associates, Graduate Assistants, and Instructional Student Assistants) to ensure compliance with system policy and collective bargaining agreements. **Please complete this form and return it to your department office prior to the first day of instruction.**

Unit 3 Faculty (**Lecturers, Coaches, Librarians, Tenured, Tenure-Track Faculty and Counselors**) are limited in CSU employment to the equivalent of one (1) full-time position in his/her primary or normal employment. An overage of 25% of a full-time position shall be allowed if the additional employment (1) consists of employment of a substantially different nature from his/her primary or normal employment; (b) is funded from non-general funds; or (c) is the result of the accrual of part-time employment on more than one campus. A **Teaching Associate** is limited to a maximum of 14.9 units and a **Graduate Assistant** or **Instructional Student Assistant** is limited in employment to 20 hours per week during an academic term. Employees holding a position as a **Teaching Associate** and as a **Graduate Assistant** or **Instructional Student Assistant** are limited to a combined employment equivalent to 20 hours per week during an academic term. An employee may not hold both a student and non-student classified appointment. These policies are strictly enforced by the State Controller's Office through which all paychecks are processed. **Departments should review this form for accuracy and compliance and submit all forms to Faculty Affairs by the first instructional day of the semester.**

CSU Northridge Employment:

Instructional Appointments <i>(FT, PT, TA, ISA)</i>	No.	Department	Position Title	# of Units/Hours
	1.			
	2.			
	3.			

Non-Instructional Appointments <i>(Staff, Mngmnt, GA)</i>	No.	Department	Position Title	Hrs Per Week
	1.			
	2.			
	3.			

Other CSUN Employment <i>(Grants, contracts, consulting, ExL, etc.)</i>	No.	Type of Employment	Hours/Week	# of Days	# of Units	Timebase
	1.					
	2.					

Other CSU Employment (exclude Northridge):

Instructional Appointments	No.	Campus/Department	Position Title	# of Units
	1.			
	2.			

Non-Instructional Appointments <i>(Staff, Management)</i>	No.	Campus/Department	Position Title	Hrs Per Week
	1.			
	2.			

Other CSU Employment <i>(Grants, contracts, consulting, ExL, etc.)</i>	No.	Campus/Type of Employment	Hours/Week	# of Days	# of Units	Timebase
	1.					
	2.					

I certify that the information above is a complete and accurate disclosure of my total CSU employment as of the date indicated below my signature.

Primary Position: Faculty (Tenured/Prob.): ___ Lecturer (FT/PT): ___ Coach: ___ Counselor: ___ Librarian: ___ TA: ___ GA: ___ ISA: ___ Staff: ___

Name: _____

Dept Chair Name: _____

CSUN ID #: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

FA: _____