SJSU | TOWER FOUNDATION

Staff Appointment Form

NEW EMPLOYEES MAY NOT WORK UNTIL THEY HAVE BEEN AUTHORIZED BY TOWER HUMAN RESOURCES

Federal law requires Tower Human Resources to attest, under penalty of perjury, that new hire's (1) identity and (2) legal authority to work has been examined and verified

Tower Foundation employees are not employees of the state
Employees who work on Tower Foundation projects are considered temporary employees under the California State Education Code Section 89900(c).

Check One: ☐ New Hire*   ☐ New Account or Account Change   ☐ Reappointment   ☐ Other _____

***New Hire:** Detailed job description MUST accompany this form.*

EMPLOYEE INFORMATION

Name: _____ _____ _____
             Last   First   M.I.

SJSU ID: _____

Date of Birth: _____ / _____ / _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: (_____) _____ - _____

U.S. Citizen: ☐ Yes ☐ No   If Not, type of Visa: _____

Employees must have a Social Security Number at time of hire. If you currently do not, please contact TowerHR@sjsu.edu.

APPOINTMENT PERIOD

Start Date: _____   End Date: _____

All appointment's will be terminated within 5 business days of the end date. To continue the appointment please submit a rehire or reappointment form before the end date.

Job Title: _____

Anticipated hours per week: _____   Exempt ☐ Non-Exempt ☐

Hourly Rate: $ _____   Semi-monthly Rate: $ _____

Fund/Grant #: _____

Fund/Grant Name: _____

Department Name and Number: _____

EMPLOYMENT INFORMATION

Have you previously worked for the Tower Foundation?

☐ No   ☐ Yes If yes, when? _____

Do you currently have an active Appointment with SJSU? ☐ No ☐ Yes

If yes Start Date: _____   End Date: _____

Do you have any relatives working for the Tower Foundation?

☐ No   ☐ Yes If yes, name and department?
_____

Will a personal auto be used on company business? ☐ No ☐ Yes

Supervisor's Name: _____

Supervisor's Phone: _____

Time Card Approver's Name: _____

TERMINATION ONLY

Reason for Termination: _____

Last Day Worked: _____

Separation Effective Date: _____

Clearance Form Completed? ☐ No ☐ Yes

NOTES: _____
_____
_____
_____
_____

Employee Signature:

▶ _____ Date _____

Account Holder Signature:

▶ _____ Date _____

Tower Foundation Human Resources Use Only

Fringe Benefit: _____   Job Code: _____   WC Code: _____   Payroll/Tower Employee #: _____

Tower HR Signature:

▶ _____ Date _____

DocuSign or Wet signatures required
Send ORIGINAL form to Tower Foundation HR in Clark Hall, Suite 300, San Jose, CA 95192-0183 | (408) 924-1127
TowerHR@sjsu.edu