

To Be Filled Out by the Department (One per supervisor) Employee ID Employee Name Supervisor Name Department HOURS PER WEEK FTE Term/Year (WTU/15) (FTE * 40) Course(s) Information if Applicable: **Prefix** Title Section # Course Type Course # (Lec/Lab/Sem/Act) The job duties designated below are required of the employee. The appointment terms should reflect the time required to complete these duties. CSU policy limits GA work assignments to no more than 20 hours in a week during periods of instruction. @ € p \-} \$PÐ R \$€PX W A R 1ÿì¡ ÒE Q R •| PÐ R I bQ Ç V R I