

CAL POLY POMONA FOUNDATION, INC.
 3801 W. Temple Avenue, Bldg. 55, Pomona, CA 91768
 Phone: 909-869-2953 Fax: 909-869-3716

EMPLOYMENT TRANSACTION FORM (ETF)
"Quality Service Supporting Quality Education"
Non-Profit Organization, An At-Will Employer
 Bi-Weekly Pay Periods (Thursdays)

TYPE OF EMPLOYEE

- FOUNDATION STAFF
- CAL POLY POMONA STUDENT
- CAL POLY POMONA FACULTY (must be signed by Faculty Affairs)
- CAL POLY POMONA STAFF (must be signed by University HR)
- NO AFFILIATION (with University or Foundation)

TYPE OF FINANCIAL TRANSACTIONS

- CASH and CREDIT CARDS
- CREDIT CARDS Only
- CASH Only
- DISCONTINUE Handling CREDIT CARDS
- NONE

EFFECTIVE DATE OF HIRE/REHIRE/CHANGE		BRONCO ACCESS ID NUMBER		EMPLOYEE ID NUMBER	
LAST NAME		FIRST NAME		MIDDLE INITIAL	
CURRENT ADDRESS			CITY	STATE	ZIP CODE
CAL POLY POMONA EMAIL ADDRESS (unless not assigned)			HOME PHONE NUMBER	CELL PHONE NUMBER	

TYPE OF TRANSACTION

- New Hire
- Rehire
- Status Change
- Account Number Change
- Additional Account
- Discharge (Voluntary)
- Department Transfer
- Second Job
- Reclassification
- Merit/Rate Adjustment
- Name Change
- Other (See Notes below)

EMPLOYMENT STATUS (Check all that apply)

- Full Time
- Partial Time (Benefitted)
- Part Time
- Student
- Evening Shift Differential (ESD)
- Other (See Notes below)
- Benefitted 100% 80%
- Non-Benefitted
- Exempt
- Non-Exempt (Hourly)

STATUS	DEPARTMENT	PROJECT ACCOUNT NUMBER	CLASSIFICATION	PAY RATE <small>(Hourly Rate for All Employees)</small>	OVERTIME <small>(Hourly OT Rate for Non-Exempt Employee Only)</small>	STUDENT Class/Step	STAFF Grade
Current							
NEW							

	<input type="checkbox"/> Time Stamp <input type="checkbox"/> Professional Employee <input type="checkbox"/> Biometrics	<input type="checkbox"/> Navigator <input type="checkbox"/> Other (See Notes)	
--	--	---	--

KRONOS Authorized Signer **KRONOS Manager Role** **KRONOS Dept.** **KRONOS Task #**

Contact Payroll at Extension 2962 for KRONOS Timekeeping Training, questions and/or concerns

STUDENT EMPLOYEES ONLY: Is student currently employed in another Foundation or University Department? No Yes/Other (See Notes)

NOTES and/or ALLOWANCES:

TRANSACTION IS NOT OFFICIAL UNLESS SIGNED BY FOUNDATION EXECUTIVE DIRECTOR OR THEIR DESIGNEE

INITIATING SUPERVISOR'S SIGNATURE **DATE**

MANAGER/DIRECTOR/DEAN'S SIGNATURE **DATE**

NAME **EXTENSION**

NAME **EXTENSION**

EMPLOYEE SIGNATURE **DATE**

FACULTY AFFAIRS/UNIVERSITY HR SIGNATURE **DATE**

GRANTS/CONTRACTS SIGNATURE **DATE**

EMPLOYMENT SERVICES SIGNATURE **DATE**

SUPERVISORS MUST PROVIDE EMPLOYEE A COPY OF FULLY-EXECUTED EMPLOYMENT TRANSACTION FORM

HUMAN RESOURCES USE ONLY:

Worker's Compensation Information:
 Sedgwick, CMS-P.O. Box 14479, Lexington, KY. 40512
 Phone: 916-851-8028 Fax: 510-302-3264 Self-Insured Certificate: #5558-025
 Labor Code Section 2810.5 (b)

- NUMBER DATE
- TRAINING**
- Employee Handbook
 - Workers Compensation
 - Safety Handbook
 - Zero Tolerance Policy
 - CPPF Supervisory Training Program (Supervisors)
 - Asbestos Awareness
 - Back Injury Prevention
 - Workplace Diversity
 - RCR
 - Ethics in the Workplace
 - Sexual Harassment
 - Slips, Trips & Falls Prevention
 - PCI DSS