Name*	Hire Date*
Department*	Appt End Date*
Group* □ Associate	_
Qualifier, Job*       ☐ Affiliate, 007630       ☐ Guest, 00000         ☐ Federal, 000005 Joint:       ☐ 007480 Asst Prof       ☐ 007450 Asso         ☐ 007420 Prof         Visiting:       ☐ 009230 Rsch Assc       ☐ 009240Scient         Schlr	Prof
LocationRoom number + four-digit building code	
Office Phone	
Sponsor*(Supervisor)	
Assignment Category* Reason*  ☐ Associate ☐ ASSOC/New Assignme ☐ ASSOC/Reappointment  Conditions of Appointment	
Additional Directory Information  Complete if information given is important to describe the	ue associate's
relationship with CSU. Add'l Work Title	
Add'l Department Number/Name	
Add'l Bldg Name/Room Number	
Add'l Office Phone	
Include Associate in Directory/GAL?	

