



Send completed, signed ESFs to corp_esf@csumb.edu.
If sending via Adobe Sign, please send as a CC

To comply with Federal record keeping laws, all changes in employee status must be completed in every case where there is an employment change in job classification, salary rate, or status. **This form must be submitted to the Corporation's Human Resource Department prior to the employee's start date. Please use [ESF Instructions](#) as a guide. Please ensure all appropriate sections of the ESF are completed before forwarding it to Corporation HR. Please save completed ESF with naming convention as follows: [EffectiveDate] yyyy,mm,dd,LastName,FirstName ESF (2022-05-31_Smith, John)**

Personnel Action (**Please mark one**) Effective Date: (may be modified based on onboarding completion)

<input type="checkbox"/> New Hire <small>Employee Cannot Begin Working Until Onboarding is Completed</small>	<u>Background Check required</u> (link):	<u>LiveScan required:</u>
<input type="checkbox"/> Re-appointment	❖ Required by Department for Non-Benefited Positions: Please List Scope of Work/Responsibilities of Employee:	
<input type="checkbox"/> Wage Rate Change	<u>Workers Compensation Code</u> (link)	
<input type="checkbox"/> Other Change _____		

Employee/Department Information

Last Name :	First Name :
Dept/Proj. Name:	Employee Email:
Immediate Supervisor:	Point of Contact:

Employment Status

Employment Type:	Working Title: (Per Approved Budget) _____
Time Base: (FTE/Hours Per Week) _____	Wage Rate: \$ _____
FLSA (Fair Labor Standard Act)	<u>Grade</u> (link)

****For Fund #11007, please add the CSUMB Fund code under the UCorp Fund for a charge-back. ****

Default Home Cost (check One)	Fund	Dept ID	Name of Project	Project #	Class	Distribution Total =100%	Appointment End Date (Must be prior to grant end date)	Grant End Date	Post Award/Acct Signature
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									

Please note that the Expiring ESF process is driven by Appointment End Date. Thus, a subsequent ESF must be submitted to extend an employee's status

Signatures:		
Employee Signature:	Date:	
Supervisor Signature:	Date:	Name:
PI/ Department Head Signature:	Date:	Name:
Other Approving Signature (if applicable) :	Date:	Name:
Corp Human Resources Director:	Date:	

Internal Notes (HR, Payroll, Post Award):