Academic Personnel Services

California State University, Fresno — *Volunteer Form*

- This form is to be used for all volunteers, including current faculty, staff or students, performing academic duties. A Volunteer may provide a wide array of services. The following list is for the purposes of illustration, and should not be considered all-inclusive.
  - classroom teaching or other professional responsibilities
  - participation in departmental seminars and related instructional and scholarly activities
  - attendance at departmental meetings in an advisory capacity but not a member of the consultative body
  - other mutually agreed upon activities such as furthering research and teaching programs of the department and/or school involved.

- The Unit 3 Collective Bargaining Agreement contains ***no provisions for paid overloads***. Faculty must either accept the overload as a voluntary assignment, or decline the additional work.

- University staff employees represented by other bargaining units may be subject to certain contractual restrictions. Consult with the Office of Human Resources before the commencement of the voluntary work. Both staff employees and MPPs considering a voluntary assignment must consult with their appropriate supervisor or administrative superior well in advance. While such contributed services are *voluntary*, they may not conflict with the employee's primary job responsibilities, work schedule, or other institutional obligations.

Name: _____ Fresno State ID: _____

Dates of Voluntary Service: Start: _____ End: _____

Course/Title: _____ Meeting Times: _____

Other non-instructional responsibilities: _____

_____

Volunteer Employee: *This is to acknowledge that I desire to volunteer my service. I understand that I will not receive any additional compensation for this voluntary service. I also understand that as an employee the duties described above are in excess of my normal full-time assignment. A copy of the volunteer policy, APM 31, is located at http://www.csufresno.edu/aps/documents/apm/310.pdf.*

I also acknowledge that I must adhere to all academic and campus policies.

_____

Signature of Employee Date

Endorsement by Department: *The above volunteer has been approved by me as qualified to perform the duties described above. The description is accurate and complete.*

_____ _____

Signature of Department Chair Date Signature of Dean Date

Approval by Provost or designee: *The above volunteer, and the services being provided, have my approval.*

_____

Signature of Provost or designee Date