

Office of Faculty Affairs

California State University, Fresno

Faculty Volunteer Form

- ❖ This form is to be used for all volunteers who perform faculty or Unit 3 work without compensation for the University. 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 *provisions for paid overloads only for Temporary Faculty*. Tenured/Tenure Track faculty must either accept the overload as a voluntary assignment, or decline the additional work. Do not use this form for overload or work load assignment over full-time.
- ❖ 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 faculty 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 310 Policy on Adjunct Faculty, 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 and College: *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

POI Type: Volunteer Faculty Person of Interest

PS Updated: _____