



PHILANTHROPIC FOUNDATION

T: 657-278-2786 F: 657-278-7666 <http://foundation.fullerton.edu>

PE #

### CSFPF Payroll Encumbrance

Payroll encumbrance is requested for all payroll related expenditures prior to employee being hired through campus or ASC. Funds must be available in the Foundation for encumbrance prior to employee being hired. A new encumbrance form will need to be submitted at the beginning of each fiscal year if the employee continues employment. Any payroll related fees will be charged to the College/Department/Center or Program. All hiring is done through the respected processes in ASC or state side. CSFPF does not hire employees.

Requestor Name: \_\_\_\_\_

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Employee Supervisor: \_\_\_\_\_

CSFPF Account to be encumbered #: \_\_\_\_\_

Payroll Facilitated through ASC (Program account # ( \_\_\_\_\_ )

State (Department ID #) \_\_\_\_\_

Name of Employee: \_\_\_\_\_

CWID (STATE) \_\_\_\_\_

Hiring Date: \_\_\_\_\_

End Date if Appropriate: \_\_\_\_\_

Hourly/Salary Rate: \_\_\_\_\_

Total Projected Salary: \_\_\_\_\_

\*For ASC employees please review fees with ASC human resources

\*Supporting Documentation must be attached

➤ APPROVED SIGNATORIES

I/We certify these expenditures are in compliance with all restrictions

CSFPF ONLY

\_\_\_\_\_  
Approved Signature                      Print Name                      Date

\_\_\_\_\_  
Authorized Signature                      Date

\_\_\_\_\_  
Approved Signature                      Print Name                      Date

\_\_\_\_\_  
Authorized Signature (as needed)                      Date

\_\_\_\_\_  
Supervisor/Superior Signature (as needed)                      Print Name                      Date

\*Approved Signatories must match those on file

Account Balance Sufficient for  
Encumbrance #: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Approved by: \_\_\_\_\_