

Appointment (For faculty, this appointment must be signed by the appropriate dean, as the MPP supervisor, and Faculty Affairs, and the Provost or designee; for non-faculty, this appointment must be signed by the appropriate MPP Supervisor. All Special Consultant appointments must be authorized by Human Resources and submitted to Payroll before work begins .)

Consultant's Name: _____

Department: _____ Dept ID: _____

SS Number (Last 4 digits): xxx-xx-_____ Position Number: _____

Current CSU Employee: ...Yes* ...No

*If yes, indicate classification _____ Time Base _____

Duration of Appointment: From: _____ To: _____

Recommended DAILY salary Rate: \$_____ per day (note: CSU daily rate min. \$104; max. \$1,250. Salary rate shall be based on work to be performed, equity with other positions on campus and in CSU, and special skills and experience)

Indicate: a) total annual amount not to exceed _____ b) the total days to be worked not to exceed _____

ASSIGNMENT OR PROJECT DESCRIPTION

Brief summary of project:

Major duties and responsibilities of consultant:

Special qualifications the consultant possesses to perform the assignment:

RECOMMENDATION

Project Supervisor: _____
Print Name/Title _____ Extension _____

MPP Supervisor: _____
Print Name _____ Signature/Date _____

APPROVAL

Faculty Affairs (Faculty Only): _____
Signature _____ Date _____

Provost or Designee (Faculty Only): _____
Signature _____ Date _____

AUTHORIZATION

Human Resources: _____
Signature _____ Date _____