

Instructions for Special Consultant Payment Request

This form is required to request payment to employees with the Payroll classification of Special Consultant. This form must be completed each month that a Special Consultant works and is due in the Payroll Office at the end of the pay period or upon completion of assignment.

Part I. General Information

<i>Field Name</i>	<i>What Contents Should Be</i>
Consultant Name	Identify the Special Consultant by name as it appears on their social security card.
SSN	Enter all 9 digits of Special Consultant's Social Security Number with no spaces. Hyphens will default when tab button is pressed. Note: University cannot make payment without the Social Security Number.
Address	Enter complete home mailing address, city, state, and zip code.
EMPLID	Enter Employee ID number.
Phone Numbers	Enter work, home, and cell phone numbers, including area codes, as numerical digits with no spaces or parentheses. Phone number format will default when tab button is pressed.
Department	Enter specific CSU Stanislaus department for which the Special Consultant worked.
Contact Name/Ext	Enter who should be contacted if there are questions about the transaction or this form. Enter 4 digit campus extension number.

Part II. Account Number

<i>Field Name</i>	<i>What Contents Should Be</i>
Account Number	From drop down menu, enter funding source. Enter Dept ID and Fund. If required by department, enter program and class. Account code is defaulted to 601302.

Part III. Specific Description of Duties

<i>Field Name</i>	<i>What Contents Should Be</i>
Description of Duties	Briefly describe duties Special Consultant performed during the month.
Month/Year	From drop down calendar, select month and year days worked. Only report one month per form.

Part IV. Select All Dates Worked

<i>Field Name</i>	<i>What Contents Should Be</i>
Dates of Work	Place a "1" to the right of the appropriate date of work regardless of how many hours were worked in a day
Daily Rate	Insert daily rate of pay (rate must coincide with specified rate on Special Consultant Agreement)

Number of Days Paid	Add the number of days worked during the pay period and enter the total.
Total Pay Due	This field automatically calculates from “Daily Rate” x “Number of Days Paid”

Part V. Authorized Signatures (original signatures only)

<i>Field Name</i>	<i>What Contents Should Be</i>
Special Consultant	Signature of the Special Consultant and date signed. This signature verifies that the Special Consultant has worked the reported days recorded on this form.
Department Authorized Signature	Signature and date signed of the person having formal authorization to approve expenditures and having knowledge that the Special Consultant worked the dates indicated.

Part VI. Distribution of Check

<i>Field Name</i>	<i>What Contents Should Be</i>
Distribution of Check	If requesting check be mailed to Special Consultant’s home address or P.O. Box, attach a self-addressed/stamped envelope to this form. Otherwise, the check will be available for pick-up at Cashier’s MSR 100. For security purposes, paychecks will not be mailed to campus departments.

Distribution – Original – Payroll Office; Copies – Consultant, Hiring Department