



# SPECIAL CONSULTANT AGREEMENT FORM

Appt Type: ☐ New  
☐ Extended  
☐ Revised

FA/HR USE ONLY

SC#

## PART I – GENERAL INFORMATION

Consultant Name:	EMPL ID:		
Address:	Dept:		
Email:	Phone:	Contact Name/Ext:	
Check All That Apply:	<input type="checkbox"/> Current Stan State Employee (Select job from drop down & see Part II)	<input type="checkbox"/> New Employee to CSU Stanislaus	FA/HR USE ONLY
	<input type="checkbox"/> Current CSU Employee – Campus:	<input type="checkbox"/> Former CSU Stanislaus Employee	Retirement Code:
	Date last worked:		

## PART II – COMPLETE FOR CURRENT STANISLAUS STATE EMPLOYEES ONLY

Select Primary CSU/CSU Stanislaus Position Status:	- If Part-Time enter percentage:
Will this appointment result in more than 125% employment within the CSU system? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Academic Work days:
Is this appointment outside normal CSU work hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	- If "No" complete the following below:
➤ Is appointee taking vacation to complete this assignment? Yes <input type="checkbox"/> No <input type="checkbox"/>	- If Yes, attach <a href="#">Absence Request Form 634</a>
➤ Is appointee adjusting work schedule to complete this assignment? Yes <input type="checkbox"/> No <input type="checkbox"/>	- If Yes, attach adjusted work schedule

## PART III – SPECIFIC DESCRIPTION OF DUTIES (Include attachment if content exceeds space provided)

### Must check at least ONE or ALL that apply to the position:

- ☐ This position will be responsible for the care, safety and security of people (including direct contact with children and minors), animals and CSU property.
- ☐ This position will have authority to commit financial resources of the university through contracts greater than \$10,000.
- ☐ This position will have access to, or control over, cash, checks, credit cards, and/or credit card account information.
- ☐ This position will have responsibility or access/possession of building master or sub-master keys for building access.
- ☐ This position will have access to controlled or hazardous substances.
- ☐ This position will have access to and responsibility for detailed personally identifiable Level 1 information about students, faculty, staff, or alumni that is protected, personal, or sensitive. (For examples of Level 1, 2, and 3 Data, please see [CSU Policy 8065](#).)
- ☐ This position will have control over campus business processes, either through functional roles or system security access.
- ☐ This position will have responsibilities that require the employee to possess a license, degree, or credential or other certification in order to meet minimum job qualifications and/or to qualify for continued employment.
- ☐ This position will have responsibility for driving or operating business/commercial vehicles, machinery or equipment that could pose environmental hazards or cause injury, illness, or death.
- ☐ None of the above is applicable to the position.

FA/HR USE ONLY	<input type="checkbox"/> Basic BGC Required – Additional Screening:	BGC Cleared Date:
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## PART IV – PAYMENT INFORMATION

Beginning Date:	Ending Date:	Daily Rate:			
Number of work days not to exceed:	Maximum Funding Authorized:	For more information visit the <a href="#">CSU Salary Schedule</a>			
FUNDING SOURCE	ACCOUNT	FUND	DEPT ID	PROGRAM (If Required)	PROJECT (If Required)
BUDGET USE ONLY	CMS#:	PIMS#:			

## PART V – AUTHORIZED SIGNATURES

I have reviewed the special consultant guidelines. This appointment will be consistent with the appropriate CSU guidelines and collective bargaining agreement.

Department Head:	Signature:	Date:
Dean:	Signature:	Date:
Faculty Affairs/ Human Resources:	Signature:	Date:
Budget:	Signature:	Date:
Provost/ Vice President:	Signature:	Date:

Subject to the time period in conditions stated in the Guidelines for Special Consultant Agreements, I agree to perform the duties described above within the time period indicated. If I am a new or returning employee, I understand I will need to provide identification documents and complete certain forms prior to the effective date of this appointment. In addition I understand that no payment will be made without such forms being completed and approved. A request for Special Consultant Payment form will be submitted to the Payroll Office for each pay period worked. I certify this Special Consultant assignment will not conflict with my regular CSU Stanislaus employment, if any. I understand that a background check is required for new special consultant assignments.

Consultant Signature:	Date:
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