



**SPECIAL CONSULTANT APPOINTMENT FORM
CALIFORNIA STATE UNIVERSITY SAN MARCOS**

SECTION I – SPECIAL CONSULTANT INFORMATION										
Name:							Employee ID:			
Phone Number:				Email:						
Current CSU Employee:				Employee Category:				Time Base:		
Name of Campus or State Agency:										
SECTION II – DESCRIPTION OF SPECIAL CONSULTANT DUTIES										
Appointment Start Date:			End Date:			Department/Division:				
Rate Type:			Rate Amount:			Number of Days or Hours being worked:			Total:	
SECTION III – FUNDING SOURCE INFORMATION										
Account	Fund	DeptID	Program	Class	Project	Amount to Apply				
Position Number:					Pool ID:			FTE:		
Department Representative Name			Phone Number	Signature			Date Signed			
SECTION IV – CONSULTANT ACCEPTANCE										
I have reviewed the Special Consultant Appointment Guidelines and agree to the terms of this consulting appointment. I further agree that I will not begin my assignment until all appropriate approvals have been received and department has received approval from the Office of Human Resources. I understand that if I am not a current CSUSM employee, I must complete the sign-in process with the Office of Human Resources department prior to starting my assignment.										
Consultant Name			Signature				Date Signed			
SECTION V – APPROVALS										
By signing below, I approve the terms of this special consultant appointment. I agree that all of the information on this form is accurate, and I have ensured this special consultant appointment will not put any current CSU staff/faculty over the 125% employment limit. I also understand that the consultant will not begin the assignment until OHR has provided the signed appointment form. If the person named on this form is not a current CSUSM employee, I will ensure they complete the sign-in process with OHR prior to their assignment start date.										
Dean/Director/MPP Name			Signature				Date Signed			
PAT Reviewer Name			Initials				Date Signed			
PAT Member Name			Signature				Date Signed			
HUMAN RESOURCES										
Exempt:			PER/STRS Member:			Retired Annuitant:			Faculty Affairs Approved:	
HR Comments:										
Human Resources Analyst			Signature				Date Signed			
Human Resources Manager			Signature				Date Signed			