**CSU FACULTY ENGAGEMENT STATEMENT OF WORK**

**Required approvals must be obtained before work begins.**

**Services Performed By:**

Name:

Campus:

Position:

Dept:

Phone:

Email:

**Services Performed For: CSU San Marcos**

Dept:

Dean:

Coordinator:

Phone:

Email:

**Project Name:**

**Duration of the Project** (Start/end or specific dates):

**Service Location** (Complete if specific work location is required):

**Project Summary and Objectives:**

**Scope of Work:**

**Compensation:**

**External Campus Approvals:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Department Chair Signature Date Email

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

College Dean Signature Date Email

**Interagency Financial Transaction (IFT) will be submitted after work is completed. Please provide the following home campus information for CSUSM accounting services to submit the IFT:**

**External Campus Budget Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Name Email Phone Number

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Full Chart Field **Please return completed form to:**