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office 510-885-3651 | fax 510-885-2758

This form is required to request payment for employees classified as **Special Consultants**. Please note that this form must be completed **each month** that a Special Consultant works. The daily rate makes no assumption regarding the number of hours worked in one day.

First Name	MI	Last Name
Last four (4) digits of SSN: _____		Foundation Grant Reimbursed
Department Name: _____	Department ID: _____ (Must be 5 digits)	
PeopleSoft EMPL ID: _____ (Must be 9 digits)	PeopleSoft Position #: _____ (Must be 8 digits)	

Daily Rate of Pay: \$ _____ Pay Period: _____
Month/Year

Dates Worked	Subtotal Days Worked

TOTAL DAYS TO BE PAID:	
TOTAL AMOUNT TO BE PAID:	

Brief description of work performed:

Employee Signature: _____ **Date:** _____

Authorized Signature: _____ **Date:** _____

(For Faculty Employees Only)
Academic Affairs Signature: _____ **Date:** _____