



Appointment (For faculty, this appointment must be signed by the appropriate dean, as the MPP supervisor, and Faculty Affairs, and the Provost or designee; for non-faculty, this appointment must be signed by the appropriate MPP Supervisor. All Special Consultant appointments must be authorized by Human Resources and submitted to Payroll before work begins.)

Consultant's Name: \_\_\_\_\_

Department: \_\_\_\_\_ Dept ID: \_\_\_\_\_

SS Number (Last 4 digits): xxx-xx-\_\_\_\_\_ Position Number: \_\_\_\_\_

Current CSU Employee:  Yes\*  No

\*If yes, indicate classification \_\_\_\_\_ Time Base \_\_\_\_\_

Duration of Appointment: From: \_\_\_\_\_ To: \_\_\_\_\_

Recommended DAILY salary Rate: \$\_\_\_\_\_ per day (note: CSU daily rate min. \$104; max. \$1,250. Salary rate shall be based on work to be performed, equity with other positions on campus and in CSU, and special skills and experience)

Indicate: a) total annual amount not to exceed \_\_\_\_\_ b) the total days to be worked not to exceed \_\_\_\_\_

ASSIGNMENT OR PROJECT DESCRIPTION

Brief summary of project:

Major duties and responsibilities of consultant:

Special qualifications the consultant possesses to perform the assignment:

RECOMMENDATION

Project Supervisor: \_\_\_\_\_
Print Name/Title Extension

MPP Supervisor: \_\_\_\_\_
Print Name Signature/Date

APPROVAL

Faculty Affairs (Faculty Only): \_\_\_\_\_
Signature Date

Provost or Designee (Faculty Only): \_\_\_\_\_
Signature Date

AUTHORIZATION

Human Resources: \_\_\_\_\_
Signature Date