CAL STATE EAST BAY

OFFICE OF RESEARCH AND SPONSORED PROGRAMS

25800 Carlos Bee Boulevard, Hayward, California 94542

FACULTY ENGAGEMENT
STATEMENT OF WORK

Services Performed By:

Name

Campus

Faculty Title:

Faculty Department:

Faculty Phone Number:

Faculty Email Address:

Services Performed For:

Name

CSU East Bay

Requesting Administrator:

Phone Number:

Email Address:

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 (Include responsibilities, deliverables and timetable. Attach additional documents if needed)

Compensation (Include reimbursable expenses)

Total Amount Plus detail

Please submit this form to:

CAMPUS APPROVALS FROM CAMPUS PERFORMING SERVICE:

Department Chair:

Dept Chair Name

Date:

College Dean:

College Dean Name

Date:

IFT Information from Campus paying for costs (please return this form to the contact below):

IFT contact name (campus paying costs)

Email Address:

Phone Number:

Account Fund Dept ID Class Prog/Proj