



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 HOURLY salary Rate: \$_____ per hour (note: CSU hourly rate min. \$16.90; max. \$156.25. Salary rate shall be based on work to be performed, equity with other positions on campus and in the 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 _____