



**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. \$112; 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 \_\_\_\_\_