



## Special Consultant Request Form

To: Human Resources Department

Department From: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Employee I.D. \_\_\_\_\_

If currently employed by HSU, current position number:

Agency \_\_\_\_\_ Unit \_\_\_\_\_ Class \_\_\_\_\_ Serial \_\_\_\_\_

Is the employee a current faculty member?  YES  NO

If yes, faculty Department: \_\_\_\_\_

---

**The following special, one time assignment of a temporary nature that is not covered by a CSU Classification and Qualification Standard will be performed.**

Assignment Description (please be specific):

Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Daily pay rate: \_\_\_\_\_ Estimated number of days: \_\_\_\_\_

Estimated total payment: \_\_\_\_\_

Chartfield String: \_\_\_\_\_  
Account Fund Dept ID Program Class Project

---

**Approvals** (Must be obtained prior to work being performed):

\_\_\_\_\_  
Department Chair/Supervisor Date

\_\_\_\_\_  
Dean/Chief Administrator Date

\_\_\_\_\_  
AVP for Faculty Affairs (for current faculty only) Date

\_\_\_\_\_  
Human Resources Director Date

\_\_\_\_\_  
Vice President or Designee Date

Routing: Return completed form to Human Resources, Siemen's Hall, Room 211