

COLLEGE OF HEALTH, HUMAN SERVICES, AND NURSING
1000 E Victoria Street, Carson, CA 90747

SPECIAL ASSIGNMENT REQUEST FORM

Note: This form **must** be completed with approval signatures *before* the assignment begins. Failure to do so will result in non-release of funds.)

1. This request is for (please check one):

- Assigned time Special consultant
(CSU Employee) Overload Independent Contractor
(Non-CSU Employee)

2. Semester/Year: _____

3. The **amount of the request** is (complete the appropriate based on your response to 1):

- a. Assigned time: _____ (units)
b. Overload: _____ (units)
c. Special consultant: \$ _____ for the assignment; OR \$ ____/hour for _____ hours

4. **Reason** for the request (attach extra sheets if necessary):

5. Who is **the identified person** for the special assignment: _____

6. The person who will receive the special assignment is

- A full-time faculty member
 A part-time faculty member (Workload in terms of time commitment sought _____; workload entitlement for that term _____.)
 Member of the staff
 Not a CSUDH employee

7. **Source of funding**

- Existing grant College funds Other. Explain: _____
Grant # _____

8. **Approval Signatures:**

- a. Director/ Chair/Program Coordinator: _____ Date: _____
b. Academic Resource Manager: _____ Date: _____
c. College Dean: _____ Date: _____