

1000 East Victoria Street, WH-340 **PHONE:** (310) 243-3771  
Carson, California 90747 **FAX:** (310) 243-6947

**SPECIAL CONSULTANT CONTRACT**

**Consultant's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Department Name:** \_\_\_\_\_

**Complete only for CSU or Foundation employees:**

Primary CSU Position:  Staff  Faculty\*  MPP  
 Status:  Full Time  Part Time (time base: \_\_\_\_\_)

Is this Special Consultant appointment during regular work scheduled hours?  Yes  No

**\*Note: If you are a current CSU faculty member, this contract must be approved by Faculty Affairs; attach class schedule.**

**APPOINTMENT**

<b>Beginning Date:</b>		<b>Ending Date:</b>	
<b>Daily Rate:</b>		<b>Number of Days Authorized to Work:</b>	
<b>Employee ID (if applicable):</b>		<b>Position Number:</b>	

**TERMS OF AGREEMENT**

Approval of this agreement is required by HR prior to the Consultant beginning this assignment. Special Consultant appointments are approved for the dates, daily rate, and total number of days specified in the agreement only. A new contract must be submitted and authorized if there are changes in the actual assignment, or any changes in the period of employment, daily rate, or the total number of days authorized. If the assignment described in this agreement is not completed or is not completed in a satisfactory manner, the University reserves the right to cancel this contract or to reduce the total number of days for which payment will be made. Special Consultant appointments automatically expire at the end of the period stated. Extensions must be submitted on a new form.

I have reviewed and agree to the conditions of this Special Consulting appointment, which I understand is conditional upon final approval. I have read and will comply with the Special Consultant procedures attached to this form. In accordance with the Immigration Reform Act of 1986, I understand I will be required to provide documentation verifying authorization to work in the United States.

**Consultant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print Name Signature

**APPROVALS**

**Dean/Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print Name Signature

**Vice President:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print Name Signature

**Budget Office:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print Name Signature

\* I have reviewed the duties and responsibilities assigned to the faculty member and determined there are no conflicts with his/her teaching assignment.

**AVP Faculty Affairs:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print Name Signature

**ASSIGNMENT OR PROJECT DESCRIPTION** (attach additional sheets if necessary)

**Project Description:**

**Duties of Special Consultant:**

**Special Qualifications to Perform Work:**

**List all current employment at CSUDH and/or other CSU employment (classification and time base):**

**APPROVAL**

**Human Resources:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print Name Signature