

HUMBOLDT STATE UNIVERSITY
Arcata, California 95521

SPECIAL CONSULTANT REQUEST FORM

TO: Human Resources Department

FROM: _____
Hiring Department

EMPLOYEE'S NAME: _____ Employee I.D. # _____

If currently employed by HSU, current position number: _____
Agency Unit Class Serial

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

Assignment Description (please be specific):

Beginning Date: _____ Ending Date: _____

Daily pay rate: _____

Estimated number of days: _____

Estimated total payment: _____

Payment Account No.: _____

APPROVALS (Must be obtained prior to the work being performed):

Department Chair/Supervisor Date

Dean/Chief Administrator Date

Human Resources Director Date

Vice President or Designee Date