

HUMBOLDT STATE UNIVERSITY
Arcata, California 95521

SPECIAL CONSULTANT REQUEST FORM

TO: Human Resources Department

FROM: Hiring Department

EMPLOYEE'S NAME: S.S. No.

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

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