



Special Consultant Agreement

Form must be submitted to University Personnel ten (10) working days prior to start date.

Current full-time faculty and full/part-time staff employees **must attach** an approved Additional Employment Pre-Approval (AEP) Form with this Special Consultant Agreement (SCA).

****AEP form not required for part-time faculty, grants managed by University Corporation, or if all work occurs on non-contract dates.****

If consultant is not a current employee, new hire process (i.e. submitted resume and background check) **must be completed prior** to start of appointment.

California State University's Definition of a Special Consultant:

"Special consultants perform special assignments of a temporary nature, based on a particular knowledge, ability, or expertise. This classification should be used for work that meets the "exempt" criteria of the Fair Labor Standards Act (FLSA) and is **not** to be used for non-exempt work. Special Consultants perform administrative studies, make appropriate recommendations, conduct oral briefings of study results, and prepare written reports. Special Consultants may also work with the personnel of an organization to implement a desired plan of change, providing the necessary coordination guidance, and training." *Faculty appointments must comply with the CSUMB guidelines, CSU Policy, and applicable Collective Bargaining Agreements.*

Consultant Name: _____ Employee ID: _____ Employee Classification: _____

Requester of Special Consultant: _____ Work: On-Campus Off-Campus

Type of Appointment: New Change to Existing Agreement* Position #: _____ New Position

Start Date: _____ End Date: _____ Revised End Date: _____

Appointing/Funding Department and ID #: _____ Check Sort #: _____

Daily Rate**: \$ _____ # of Days Authorized to Work: _____ Max Payment Authorized: \$ _____

Funding Department's College Analyst (Signature): _____

Description of change, duties, assignments, tasks, and/or deliverables (attach additional information if needed).

After UP completes the approval process, please send copy of SCA to:

We have reviewed the Special Consultant definition, guidelines, and procedures. The above work is unrelated to the Special Consultant's current primary appointment (if applicable). This appointment meets all requirements and will be consistent with the appropriate CSUMB guidelines, CSU Policy, and applicable Collective Bargaining Agreements.

For new hires: I understand that this appointment is subject to the satisfactory completion of a background check, which includes education and employment verification as well as a criminal background check.

Special Consultant (Signature) Date Requester (Signature) Date

Requester's Department Chair or Manager (Signature) Date Funding Dean or Appropriate Administrator (Signature) Date

Budget Officer (Signature) Date Vice President (Signature) Date

University Personnel Use Only:

Reviewed by: _____ Date background check completed: _____

Entered by: _____ Date Entered: _____ Employee Record #: _____

*Change in funding source or daily rate requires a **new** Agreement signed by all parties.

**A standard rate for service may be paid as determined by the Dean/Appropriate Administrator, but cannot exceed the daily rate for the [Special Consultant Classification](#).

Instructions for Completing Special Consultant Agreement

Form must be submitted to University Personnel ten (10) working days prior to start date.

Current full-time faculty and full/part-time staff employees **must attach** an approved Additional Employment Pre-Approval (AEP) Form with this Special Consultant Agreement (SCA). *****AEP form not required for part-time faculty, grants managed by University Corporation, or if all work occurs on non-contract dates.*****

If consultant is not a current employee, new hire process (i.e. submitted resume and background check) **must be completed prior** to start of appointment. The Requester or Requester's ASC is responsible for completing the items in italics and routing this form.

Consultant Name: Enter employee name.

Employee ID: Enter employee ID number (not Otter ID).

Employee Classification: Select Faculty or Staff from the drop down menu.

Requester of Special Consultant: Enter the name of the person who is requesting the Special Consultant and will verify work to be completed.

Work: Indicate whether the work will be completed on- or off-campus.

Type of Appointment: Check "New" or "Change to Existing Agreement*."

Position #: Enter the position number for this Special Consultant. If you need a new position number, check the box next to "New Position."

Start Date: Enter the start date of the assignment. (Must be 10 days after the submission of the form.)

End Date: Enter the end date of the assignment.

Revised End Date: If making a change to an existing assignment, enter the revised end date of assignment.

Appointing/Funding Department and ID #: Enter the name and ID number of the Department or Program appointing or funding the Special Consultant.

Check Sort #: Enter the Check Sort ID number.

Daily Rate:** Enter the Daily Rate to be paid to the Special Consultant.

of Days Authorized to Work: Enter the total number of days that the Special Consultant is permitted to work.

Max Payment Authorized: Enter the maximum amount of compensation that can be earned by the Special Consultant.

THE ABOVE ITEMS MUST BE REVIEWED BY THE APPROPRIATE COLLEGE ANALYST BEFORE FORWARDING FOR FUNDING DEAN/APPROPRIATE ADMINISTRATOR SIGNATURE.

Description of change, duties, assignments, tasks, and/or deliverables (attach additional information if needed): Enter a detailed description of what the assignment will entail. Please be specific with regards to expected deliverables from Consultant. If you need additional space, please feel free to attach additional documents. AY faculty enter any non-contract dates when work will occur.

After UP completes the approval process, please send copy of SCA to (name(s)): Provide list of who should receive copy of approved Agreement once approval has been received from University Personnel. **Form Routing**

Form Routing - Please allow sufficient time for obtaining signatures.

1. Requester or Requesting Department's ASC completes information and forwards to Special Consultant for signature.
2. **Special Consultant Signature:** Employee signs using Adobe Acrobat Digital Signature (if preferred) and returns the signed form to Requester's ASC.
3. ASC routes form to Requester for signature.
4. **Requester Signature:** Requester signs using Adobe Acrobat Digital Signature (if preferred) and returns the signed form to ASC.
5. Requester's ASC routes form to Requester's Department Chair or Manager for signature.
6. **Requester's Department Chair or Manager Signature:** Requester's Department Chair or Manager signs using Adobe Acrobat Digital Signature (if preferred) and returns to Requester's Department ASC.
7. Requester's Department ASC forwards SCA to Funding Department's College or Division Analyst.
8. **Funding Department's College Analyst:** Reviews payment and position information and signs using Adobe Acrobat Digital Signature (if preferred).
9. Analyst forwards SCA to Funding Dean or Appropriate Administrator for signature.
10. **Funding Dean or Appropriate Administrator Signature:** Funding Dean or Appropriate Administrator signs using Adobe Acrobat Digital Signature (if preferred). **Note:** This is the Dean of the College or VP of the Division that is providing the funds for the additional employment.
11. Funding Dean or Appropriate Administrator's Office sends completed form with all signatures to Provost's Office.
12. Budget Officer and Vice President sign and send completed form to University Personnel.
13. **University Personnel Use Only:** UP will process the form and provide copies to the requested parties.

Change in funding source or daily rate requires a **new Agreement signed by all parties.*

***A standard rate for service may be paid as determined by the Dean/Appropriate Administrator, but cannot exceed the daily rate for the [Special Consultant Classification](#).*