

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

SPECIAL CONSULTANT TIME SHEET

SPECIAL CONSULTANT PAY CANNOT BE PROCESSED WITHOUT AN APPROVED SPECIAL CONSULTANT AGREEMENT AND PERSONNEL TRANSACTION FORM (PTF) ON FILE IN HUMAN RESOURCES

FIRST NAME	MIDDLE INITIAL	LAST NAME
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SOC. SECURITY #:

EMPL ID

DEPARTMENT:

PAY PERIOD (MO/YR):

DAILY RATE

HR OFFICE USE ONLY:
245 - _____ - 4660 - _____

IF EMPLOYED AT CSUS IN ANOTHER CAPACITY, PLEASE SPECIFY :	<input type="checkbox"/> FACULTY	<input type="checkbox"/> GRAD ASST.
	<input type="checkbox"/> STAFF	<input type="checkbox"/> STUDENT ASST.
	<input type="checkbox"/> MPP	<input type="checkbox"/> OTHER
POSITION #: _____ - _____ - _____ - _____		

DAYS WORKED		CHECK DAYS WORKED. REPORT TIME WORKED IN DAYS, NOT HOURS OR FRACTIONS.							
30		6		13		20		27	
31		7		14		21		28	
1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25		1	
5		12		19		26			

EMPL RECORD #:
DEPT ID:

CMS POSITION #:
0000 _____

RATE OF PAY:
\$

X
DAYS:

=
TOTAL PAY:
\$

I CERTIFY THAT I HAVE WORKED THE ABOVE DAYS RECORDED ABOVE	
CONSULTANT'S SIGNATURE _____	DATE _____
HUMAN RESOURCES APPROVAL:	
HUMAN RESOURCES SIGNATURE _____	DATE _____

I HEREBY APPROVE THE ABOVE PAYMENT AND CERTIFY THAT THERE ARE SUFFICIENT FUNDS AVAILABLE TO COVER THE EXPENSE.	
DEPARTMENT/DIVISION HEAD _____	DATE _____
DEAN/PROGRAM ADMINISTRATOR _____	DATE _____

DISPOSITION OF CHECK:	
<input type="checkbox"/> MAIL TO: _____ (OFF CAMPUS EMPLOYEES ONLY)	<input type="checkbox"/> PICK UP AT DISBURSMENT WINDOW (LSN 1003)