

# Special Consultant Appointment Request Form

**Instructions:** Submit Special Consultant Appointment Request Form and Draft version of [Temporary Hire Position Description Form](#) to Classification & Compensation for review and approval. Once Temporary Hire Position Description is approved, attach Special Consultant Appointment Request Form and Approved Temporary Hire Position Description to Job Card in CHRS Recruiting/PageUp for initial appointments and to OnBase Electronic Personnel Transaction Forms for extension requests, along with other required documents.

Links Below for Guidance Materials for CHRS Recruiting and OnBase:

For Initial Requests:	For extensions:
<a href="#">Temporary Employment Guidance Materials</a>	<a href="#">OnBase User Guidance</a>

**Request Information**

**Appointment Request:**

Initial Request   
  Extension Request                     
 If extending, indicate original appointment date: \_\_\_\_\_

**Department Information** \*Note: Beginning date is contingent upon successful completion of a background check.

Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Department/Location: \_\_\_\_\_ Campus Zip: \_\_\_\_\_  
 Job Code:           
  4660 (Daily Rate)   
  4662 (Hourly Rate)   
 \*Note: Final determination on Job Code will be made by Human Resources Staff.  
 Working Title: \_\_\_\_\_  
 Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

Based on the federal regulations under the Affordable Care Act (ACA), individuals who meet the new criteria for benefits eligibility will be offered the opportunity to enroll in medical coverage for self and eligible dependents. Medical coverage can be waived, and the employee can opt for FlexCash in lieu of medical coverage.

**NOTE: Any time based change during the duration of the appointment that is below or above .75, an updated PTF must be submitted to the Office of Human Resources.**

Please indicate if this employee will work an average of 130 hours (0.75 time base) per month or more during the duration of the appointment:  Yes  No

Time base:     Hourly     Daily Rate    \*Note: Final determination on Time Base will be made by Human Resources staff.

Reason for Request (provide information below):

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**Employee Information (if known)**

Employee First & Last Name: \_\_\_\_\_

Previous Sacramento State Employee?  Yes  No      Current Sacramento State Employee?  Yes\*  No

\*Information on current employment status of Employee.

\_\_\_\_\_

**Retired Annuitant Information (if known)**

Sacramento State Retiree?  Yes  No      If yes, Retirement Date: \_\_\_\_\_

CalPERS Retiree?  Yes  No      If yes, Retirement Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

**SALARY JUSTIFICATION**

**NOTE: The proposed/requested Salary Ranges are not final. Please do not communicate any salary information to the candidate prior to HR approval.**

Daily or Hourly Rate: \_\_\_\_\_ per \_\_\_\_\_

Enter Total Days Authorized, Total Pay Authorized, and justification for pay rate below:

\_\_\_\_\_

**APPROVALS**

**NOTE: \*Signatures indicate budget approval for Proposed/Requested Salary Range.**

Department Chair/HEERA Manager: \_\_\_\_\_ Date: \_\_\_\_\_

\*Appropriate Administrator/Dean/AVP: \_\_\_\_\_ Date: \_\_\_\_\_

\*Vice President/Provost (or Designee): \_\_\_\_\_ Date: \_\_\_\_\_

**HUMAN RESOURCES – EMPLOYMENT SERVICES**

HR Analyst Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AVP/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HUMAN RESOURCES – CLASSIFICATION & COMPENSATION**

Proposed Salary Offer:  Approved  Denied      Comments: \_\_\_\_\_

HR Analyst Signature: \_\_\_\_\_ Date: \_\_\_\_\_