

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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EMPL ID	DEPARTMENT:	PAY PERIOD (MO/YR):	DAILY RATE \$
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HR OFFICE USE ONLY: 245 - ___ - 4660 - ___	IF EMPLOYED ON CAMPUS 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
CMS 8-digit 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 8-digit SPECIAL CONSULTANT POSITION #: 0000 _____

RATE OF PAY: \$

X
DAYS:

=
TOTAL PAY: \$

I CERTIFY THAT I HAVE WORKED THE 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)