

SPECIAL CONSULTANT - REQUEST FOR PAYMENT

Fund # _____ Dept. # _____ (required) Date of Request: _____
Project Contact: _____ Project Phone # _____

Check Distribution: Mail to payee's address: _____ Hold / Call for pick up: Ext _____

MAKE CHECK PAYABLE TO:

Name: _____ UIN #: _____
Address / City / State / Zip: _____ DOB: _____ (required)

Amount of Payment Requested: _____ Service(s) performed: * _____
Date(s) (required) Total hours (required)

***Are you receiving additional campus compensation (state or non-state funded) during the appointment period?**
_____ YES _____ NO if yes, please describe: _____

NOTE: Attached a detailed Job Description of duties (to be) performed – Required before payment processed.

If you have not been previously paid through the UCorp – you are required to complete an I-9 and W-4.

Is Special Consultant employed by SFSU? _____ YES _____ NO** _____ FERP'ing
**If NO, another form of compensation is likely appropriate. Retired Faculty are not employed at SFSU.
Contact our Program Manager for further assistance at x8-7920.

If YES, is consultant:

_____ Faculty Attach class schedule – **required** or _____ Staff Attach position description - **required**

If work same / similar to current SFSU work they are ineligible to work as Special Consultant

SFSU employment full-time? _____ YES _____ NO If not full-time, % of time worked: _____ %

SFSU Employment Status: _____ Exempt _____ Non-exempt

AUTHORIZATION REQUIRED FOR EMPLOYEES OF SFSU PRIOR TO WORK BEING PERFORMED

SFSU Vice-President: _____ SFSU VP - signature: _____

SFSU HR- Authorized by: _____ SFSU HR – signature: _____

UCORP Executive Director: _____ UCORP Exec Dir. signature: _____

Project Directors Approval: _____ Date: _____

Received by UCORP:	Allowance approval: By: _____ Date: _____	Admin/Finance approval: By: _____ Date: _____	Payroll Processing: By: _____ Date: _____ EE#: _____ Tax: _____ W/C: _____ Subcode: 601933
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