

SPECIAL CONSULTANT - REQUEST FOR PAYMENT

Fund # Dept. # Date of Request:
 (required)

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:

*****Attach a detailed Job Description of duties (to be) performed – Required before payment processed**

If you have not been previously paid as an employee or Special Consultant through the UCorp – you are required to complete an I-9 and W-4 in the presence of a UCorp representative.

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, consultant is: Faculty Staff Emp Status: Exempt Non-exempt

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

If yes to full-time faculty, is work same / similar to current SFSU work? YES If yes, ineligible NO

AUTHORIZATION REQUIRED FOR EMPLOYEES OF SFSU PRIOR TO WORK BEING PERFORMED

SFSU Vice-President: Signature:

SFSU HR- Authorized by: Signature:

UCorp Executive Director: Signature:

Project Directors Approval: Date:

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