**California State University, Los Angeles**

**Special Consultant Pre-Hire Worksheet**

**Payee Information:**

Individual Name(s) (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current FTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hiring Department Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College/Division: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scope of Work:**

a. Detailed Description of Work to be performed/provided

b. Date(s) of Special Assignment – should be a future period

c. Work Schedule

d. Daily Rate – include rate and number of hours for special assignment

|  |
| --- |
| a. Detailed Description of Work: |
|  |
|  |
|  |
|  |
|  |
|  |
| b. Date(s) of Special Assignment: |
|  |
| c. Work Schedule: |
|  |
| d. Daily Rate |

 Exclusions and Limitations

a) FERP participants are ineligible to perform work in this classification. Rehired annuitants are restricted to 960 hours for all CalPERS covered employers in a fiscal year.

b) Students are ineligible to perform work in this classification.

**Special Consultant assessment**

1. Is this individual a current CSU employee? Yes🖵 No🖵

 1a. If no, please contact Workforce Planning at (323) 343-3668 for assistance.

1. If yes, please continue with this assessment.

2. Did the individual provide the same or similar services while an employee? Yes🖵 No🖵

 2a. If yes please contact Workforce Planning at (323) 343-3668 for assistance.

 2b. If no, please continue with this assessment.

1. Is this individual retired from the CSU or is the individual a student? Yes🖵 No🖵

 3a. If yes please contact Workforce Planning at (323) 343-3668 for assistance.

**Submitted by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department Administrator (Print Name) Department Administrator Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date Department Extension

**for Human Resources Management Use Only**

* **Approved**
* After-the-fact submission

**🖵** **Denied:**

Information does not support the Special Consultant Classification by Department Administrator or the Employee has exceeded the allowable additional employment.

**🖵** **Returned:**

Not enough information has been provided to support the Special Consultant Classification by Department Administrator. This request is being returned for additional information noted below.

Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_

 HRM Administrator (Print Name) Signature Date

* Copy Fiscal Officer