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| **CPU001_primary_logo_black** | **SC 100**  **SPECIAL CONSULTANT APPOINTMENT/AGREEMENT**  ACADEMIC PERSONNEL |

***Before completing this form, please refer to the Special Consultant Appointment (SC100) Guidelines.***

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| **CONSULTANT INFORMATION** | | | | | | |
| Consultant’s Legal Name: | | | Empl ID: | | Title/Position (if known): | |
| Employment Status: | Current Employee\*  Future Employee\* (future start date:)  Non-employee **(contact Academic Personnel)** | | | \*If current or future employee, identify primary employer:  State  CPC  ASI | | |
| CalPERS Retiree – Retirement Date (if known): | | |
| **COMPLETE FOR STATE EMPLOYEES** | | | | **SENSITIVE POSITION?** | | **AP ONLY** |
| Annual FTE: | | AY  12-month | | **Yes\*  No**  \*If yes, background check **required prior to start of appointment**. See [Sensitive Positions Checklist](http://content-calpoly-edu.s3.amazonaws.com/academic-personnel/1/SensitivePositionsChecklist.pdf) to help determine whether position is a sensitive one. | | Clearance Date: |
| Position: | | Primary Job Code: | |
| Primary Department: | | Department ID: | |

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| **APPOINTMENT INFORMATION** | | | | |
| Start Date: | | End Date: | | |
| Daily Rate of Pay:  **$** | Total Days Authorized to Work: | | | Maximum Payment Authorized:  **$** |
| Hiring/Funding Department: | Funding Department ID: | | | Unit (check dist): |
| Use existing SC position #  Request new position # | Form Completed By: | |  | [**Position Funding Form**](https://afd.calpoly.edu/business_connection/documents/Position_Funding_Form.docx) – Complete if position funding source is anything other than SL001-DeptID-Account. |
|  | | Ext: |

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| **DUTIES AND RESPONSIBILITIES / DELIVERABLES / JUSTIFICATION** |
| Position Job Title (if applicable): |
| Detailed Description of Duties and Responsibilities (attach additional sheets as needed): |
| Deliverables and other expected outcomes: |
| Justification for appointment: |

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| **APPROVALS** | | | |
| **Budget Analyst/Specialist/Equivalent**  *I have confirmed that there is sufficient funding to support this assignment.* | **Name** | **Signature** | **Date** |
| **UCP Funding Authorization**  (if funded by Univ. Campus Programs) | **Name** | **Signature** | **Date** |
| ***We, the undersigned,*** *certify that this appointment is consistent with CSU and Cal Poly policies and guidelines regarding Special Consultants and additional employment, and the Unit 3 Collective Bargaining Agreement.* | | | |
| **Hiring Manager**  (Dept. Head/Chair/Equivalent) | **Name** | **Signature** | **Date** |
| **Appointing Authority**  (Dean/Vice Provost/Equivalent) | **Name** | **Signature** | **Date** |
| **Administrative Review**  AVP Academic Personnel or designee: | **Name**  **Al Liddicoat** | **Signature** | **Date** |
| ***(if applicable)***  Provost/Vice President or designee: | **Name**  **Kathleen Enz Finken** | **Signature** | **Date** |

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| **CONSULTANT ACCEPTANCE AND AGREEMENT** | |
| *I have reviewed and agree to all conditions of and all policies governing this Special Consultant assignment. I understand that payroll will be processed through the State Controller’s Office and is subject to appropriate State and Federal Taxes. I understand that this assignment is not eligible for and no contributions will be made toward retirement, social security, or any other benefits.*  *I understand that on a monthly basis, I must complete the SC101 form located at* <http://www.afd.calpoly.edu/payroll/forms.asp?form=20> *to report the days worked during that month and submit to the hiring/funding department shown above by the first day of the following month. I will provide deliverables and/or activity reports upon request. I understand that this appointment is given at the pleasure of the Appointing Authority and may be terminated at any time at either party’s discretion.* | |
| **Consultant Signature:** | **Date:** |

**Consultants:** *Please return this signed agreement to the hiring department at least* ***5*** *working days before assignment start date. 7/2016*