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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*