

CALIFORNIA STATE UNIVERSITY, SACRAMENTO  
**SPECIAL CONSULTANT TIME SHEET**

SPECIAL CONSULTANT PAY CANNOT BE PROCESSED WITHOUT AN APPROVED SPECIAL CONSULTANT  
AGREEMENT AND PERSONNEL TRANSACTION FORM (PTF) ON FILE IN HUMAN RESOURCES

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOC. SECURITY #:
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EMPL ID	DEPARTMENT:	PAY PERIOD (MO/YR):	DAILY RATE \$
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<b>HR OFFICE USE ONLY:</b>  245 - ____ - 4660 - ____	IF EMPLOYED AT CSUS IN ANOTHER CAPACITY, PLEASE SPECIFY : <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> MPP</div><div><input type="checkbox"/> GRAD ASST. <input type="checkbox"/> STUDENT ASST. <input type="checkbox"/> OTHER</div></div> POSITION #: ____ - ____ - ____ - ____
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<b>DAYS WORKED</b>									
CHECK DAYS WORKED. REPORT TIME WORKED IN DAYS, NOT HOURS OR FRACTIONS.									
30		6		13		20		27	
31		7		14		21		28	
1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25		1	
5		12		19		26			

EMPL RECORD #:
DEPT ID:

CMS POSITION #:
0000 ____

RATE OF PAY:
\$

<b>X</b>
DAYS:

=
TOTAL PAY:
\$

I CERTIFY THAT I HAVE WORKED THE ABOVE DAYS RECORDED ABOVE	
CONSULTANT'S SIGNATURE	DATE
HUMAN RESOURCES APPROVAL:	
HUMAN RESOURCES SIGNATURE	DATE

I HEREBY APPROVE THE ABOVE PAYMENT AND CERTIFY THAT THERE ARE SUFFICIENT FUNDS AVAILABLE TO COVER THE EXPENSE.	
DEPARTMENT/DIVISION HEAD	DATE
DEAN/PROGRAM ADMINISTRATOR	DATE

<b>DISPOSITION OF CHECK:</b>	
<input type="checkbox"/> MAIL TO: (OFF CAMPUS EMPLOYEES ONLY) _____	<input type="checkbox"/> PICK UP AT DISBURSMENT WINDOW (LSN 1003)