



Special Consultant Agreement Form

Last Name <small>(As it appears on your Social Security Card)</small>	First Name	SSN	Date of Birth
Home Address	City, State	Zip Code	Phone Number

Check all that apply:

<input type="checkbox"/> Current Fresno State Employee	<input type="checkbox"/> Current CSU Employee	<input type="checkbox"/> PERS/STRS Retiree
<input type="checkbox"/> New Fresno State Employee	<input type="checkbox"/> Current State of California Employee	
<input type="checkbox"/> Former Fresno State Employee	<input type="checkbox"/> Former State of California Employee	_____ Campus/Agency

COMPLETE FOR CURRENT CSU AND FRESNO STATE EMPLOYEES ONLY:

Primary CSU/Fresno State Position: Full Time Part Time _____ Fraction Hourly

Will this appointment result in more than 125% employment with the CSU System Yes No

Is this appointment outside normal CSU work hours? Yes No

In "No" complete the following:

Appointee is taking vacation to complete this assignment (attach form 634)

Adjusted work scheduled (attached)

Academic Year Appointment

PRIOR SPECIAL CONSULTANT APPOINTMENT Yes No If Yes: From: _____ To: _____

Department	Contact Person	Contact Phone #	Contact E-mail
DISCUSSION OF DUTIES (be specific) : _____			
Starting Date: _____	Ending Date: _____	Daily Rate of Pay*: _____	How to Pay
	Estimated Number of days Authorized to Work: _____	Maximum Payment Authorized: _____	<input type="checkbox"/> End of Project
		*Cannot exceed CSU maximum daily rate.	<input type="checkbox"/> Monthly Basis
The daily rate was determined in the following manner: _____			
Funding: _____	Fund: _____	Org ID #: _____	Class: _____
Budget Level: _____	<input checked="" type="checkbox"/> Pool	Pool ID #: 996	Account: 601702

I have reviewed the special consultant policy and procedures. This appointment will be consistent with the appropriate Fresno State guidelines

_____ Signature	_____ Date	_____ Vice President Signature	_____ Date
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I have reviewed and agree to the conditions of this consulting appointment as stated above. In accordance with the Immigration Reform and Control Act of 1986, I understand I will be required to provide documentation attesting to my identity and legal right to work in the United States.

Signature

Date

Approval of Director of Human Resources

Approval Signature

Date Approved

Special Consultant Agreement.doc

Employment Services Information	Date Entered	Fresno State ID #
	Entered By	Fresno State Pos. #

ATTACHMENT B

WORKSHEET
SPECIAL CONSULTANT VS TEMPORARY HELP

To determine whether a person should be paid as a Special Consultant or as Temporary Help, answer the following questions and include this worksheet with the paperwork that you submit to the Purchasing Office.

INDIVIDUAL'S NAME: _____

Yes No

- ___ ___ 1. Will the individual perform administrative study, work, or service?
- ___ ___ 2. Will the individual make recommendations as opposed to implementing them?
- ___ ___ 3. Will the individual conduct an oral briefing of study, work, or service results?
- ___ ___ 4. Will the individual prepare written reports of study, work, or service results?
- ___ ___ 5. Will the individual work with personnel of an organization to implement a desired plan of change?
- ___ ___ 6. Will the individual provide necessary coordination, guidance, and training for the desired proposal?
- ___ ___ 7. Does the individual have extensive experience or expertise in a particular area?
- ___ ___ 8. Will the special assignment end within 90 days?
- ___ ___ 9. Can the project be completed if an adequate staff were available?
- ___ ___ 10. Can the description of study, work, or service be defined under a CSU classification?

INSTRUCTIONS:

- I. If 6 out of 10 of the answers to questions 1-10 are **YES** the individual should be hired as a Special Consultant.
- II. If 6 out of 10 of the answers to questions 1-10 are **NO** the individual should be hired as Temporary Help.

(Please turn over)

ATTACHMENT B

WORKSHEET
INDEPENDENT CONTRACTOR VS SPECIAL CONSULTANT

To determine whether a person should be paid as a Special Consultant or as an Independent Contractor, answer the following questions and include this worksheet with the paperwork that you submit to the Purchasing Office.

INDIVIDUAL'S NAME: _____

Yes No

- ____ ____ 1. Will the individual be required to comply with instructions about when, where, and how to work?
- ____ ____ 2. Will the individual be given instructions/training regarding the particular method or manner by which the work is to be performed?
- ____ ____ 3. Is the service provided a regular part of University business/work?
- ____ ____ 4. Will the individual be required to perform the work himself/herself?
(As opposed to assigning the work or part of the work to an assistant.)
- ____ ____ 5. Will the individual be hiring or supervising CSU, Fresno employees?
- ____ ____ 6. Will the individual and CSU, Fresno have a continuing relationship?
- ____ ____ 7. Will the individual be able to hire and pay his/her own assistants?
- ____ ____ 8. Does the individual offer similar services to others as part of his/her own business?
- ____ ____ 9. Will the individual be allowed to work concurrently for other employers while working for CSU, Fresno?
- ____ ____ 10. Will the individual be able to set his/her own hours and priorities?
- ____ ____ 11. Will the individual be hired and paid to complete one specific job/project?
- ____ ____ 12. Will the individual provide his/her own tools?

Campus Project Coordinator: _____

INSTRUCTIONS:

- I. If the majority of the answers to questions 1-6 are YES (and the majority of the answers to questions 7-12 are no) the individual should be hired as an employee (Special Consultant or other appropriate classification) and paid through the Payroll System.
- II. If the majority of the answers to questions 1-6 are NO (and the majority of the answers to questions 7-12 are yes) the individual can be paid as an Independent Contractor through the Contracting process.