

Special Consultant Appointment Request Form

Instructions: Submit Special Consultant Appointment Request Form and Draft version of [Temporary Hire Position Description Form](#) to Classification & Compensation for review and approval. Once Temporary Hire Position Description is approved, attach Special Consultant Appointment Request Form and Approved Temporary Hire Position Description to Job Card in CHRS Recruiting/PageUp for initial appointments and to OnBase Electronic Personnel Transaction Forms for extension requests, along with other required documents.

Links Below for Guidance Materials for CHRS Recruiting and OnBase:

For Initial Requests:	For extensions:
Temporary Employment Guidance Materials	OnBase User Guidance

Request Information

Appointment Request:

Initial Request
 Extension Request
 If extending, indicate original appointment date: _____

Department Information

*Note: Beginning date is contingent upon successful completion of a background check.

Supervisor: _____ Email: _____ Phone #: _____

Department/Location: _____ Campus Zip: _____

Job Code:
 4660 (Daily Rate)
 4662 (Hourly Rate)
 *Note: Final determination on Job Code will be made by Human Resources Staff.

Working Title: _____

Proposed Start Date: _____ Proposed End Date: _____

Based on the federal regulations under the Affordable Care Act (ACA), individuals who meet the new criteria for benefits eligibility will be offered the opportunity to enroll in medical coverage for self and eligible dependents. Medical coverage can be waived, and the employee can opt for FlexCash in lieu of medical coverage.

NOTE: Any time based change during the duration of the appointment that is below or above .75, an updated PTF must be submitted to the Office of Human Resources.

Please indicate if this employee will work an average of 130 hours (0.75 time base) per month or more during the duration of the appointment: Yes No

Time base: Hourly Daily Rate
 *Note: Final determination on Time Base will be made by Human Resources staff.

Reason for Request (provide information below):

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Employee Information (if known)

Employee First & Last Name: _____

Previous Sacramento State Employee? Yes No Current Sacramento State Employee? Yes* No

*Information on current employment status of Employee.

Retired Annuitant Information (if known)

Sacramento State Retiree? Yes No If yes, Retirement Date: _____

CalPERS Retiree? Yes No If yes, Retirement Date: _____

Agency Name: _____

SALARY JUSTIFICATION

NOTE: The proposed/requested Salary Ranges are not final. Please do not communicate any salary information to the candidate prior to HR approval.

Daily or Hourly Rate: _____ per _____

Enter Total Days Authorized, Total Pay Authorized, and justification for pay rate below:

APPROVALS

NOTE: *Signatures indicate budget approval for Proposed/Requested Salary Range.

Department Chair/HEERA Manager: _____ Date: _____

*Appropriate Administrator/Dean/AVP: _____ Date: _____

*Vice President/Provost (or Designee): _____ Date: _____

HUMAN RESOURCES – EMPLOYMENT SERVICES

HR Analyst Signature: _____ Date: _____

AVP/Designee Signature: _____ Date: _____

HUMAN RESOURCES – CLASSIFICATION & COMPENSATION

Proposed Salary Offer: Approved Denied Comments: _____

HR Analyst Signature: _____ Date: _____