

Signatures indicates compliance with the policies and procedures for Faculty Special Consultants including the 125% rule and CSU/CBA guidelines. Form must be submitted digitally to facultyaffairs@sonoma.edu by the 20th of every month for timely payment. Policies and procedures are located at Faculty Affairs website. <http://web.sonoma.edu/aa/fa/>

TO BE COMPLETED BY EMPLOYEE	
Empl Name:	Empl ID:
Home Dept. Name:	Home Dept. #:

Days of work for Faculty		Month:				Year:			
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	Note if pay period runs over two months:								

Employee	Signature:	Date:
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TO BE COMPLETED BY HIRING DEPARTMENT		
Hiring Department Name:	Preauthorization #	
Hiring Department Number:	PeopleSoft Position Number:	
Special Consultant Record Number:	Home Dept. Payroll Unit #:	
Daily Rate:	Total Days Worked:	Total Payment:

Distribution of Labor Cost - Complete if using account other than department operating funds

Account	Fund	Finance Dept.	Program	Class	Project/Grant	Amount to be paid	% of distribution
Choose an item.							
Choose an item.							
Choose an item.							
Normally 601300. Use 601100 if using QA funds (Account Field).					Total:		

Project Grant Related: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please have Principal Investigator Sign Below (if applicable)	
Principal Investigator Signature:	Date:

TO BE COMPLETED BY AUTHORIZED APPROPRIATE ADMINISTRATOR	
Appropriate Administrator Name:	Date:
Appropriate Administrator Signature:	Date:

FACULTY AFFAIRS USE ONLY			<i>cc: Personnel Action File</i>
Approved	Yes	No	Returned to Department:
Special Consultant Record #:	Entered into PeopleSoft:		Forwarded to Payroll: