

**MEMO OF INTENT TO HIRE CSUSB FACULTY MEMBER AS A  
SPECIAL CONSULTANT**

**Note:** If prospective special consultant is not a faculty member, appointment needs to be made through Human Resources.

**Date:** \_\_\_\_\_ **Appointing Unit:** \_\_\_\_\_

**Faculty Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Primary CSUSB appointment:** \_\_\_\_\_ **Timebase:** \_\_\_\_\_

**Special Consultant workload (in days):** \_\_\_\_\_ **Daily rate of pay:** \_\_\_\_\_

**Duration of assignment:** \_\_\_\_\_ **Source of funding:** \_\_\_\_\_

**The purpose of this special consultant assignment:**

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1. This activity is consistent with criteria that determine eligibility for additional employment established by Article 36 of the Collective Bargaining Agreement between the CSU and CFA.
2. If the additional employment raises the total timebase to above 1.0 for this individual, it is of a substantially different nature from his/her primary or normal employment or is funded from non-general fund sources.
3. The additional employment does not conflict with the regular faculty appointment.
4. The additional employment involved is a positive contribution to the university.
5. The anticipated quantity of the workload is a legitimate, reasonable assessment.
6. The salary rate for additional employment must be the same as the CSU base rate for the primary appointment. If a different salary rate is warranted, then it must be justified and requested via an attached memo for approval by the Provost.
7. Daily rate shall be defined as Annual Salary/180.
8. The dean affirms that it is either undesirable or impractical for this faculty member to reduce his/her other assigned workload to avoid the additional employment.
9. The individual's total timebase does not exceed 1.25 in any given quarter. (So for someone in a 1.0 faculty position, the maximum number of days per month that can be worked during the academic year is 5).

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Chair

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
College Dean

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Unit Dean/Director (if appropriate)

Compliance with Additional Employment policy verified: \_\_\_\_\_  
Authorized Signature