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California State University, Chico

SPECIAL CONSULTANT TIMESHEET

(State employee)

First Name	MI	Last Name

Chico State ID #	Department Name	Pay Period MM/YY (do not cross pay periods)
Retired Annuitant To assist in tracking the 960 hr limit for retired annuitants, we must track actual hrs worked ☐ Yes ☐ No	Dept ID	CMS Position #

DATES OF WORK

Place an **X** in days worked *unless* you are a retired annuitant, then indicate hours worked.

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			

I certify that I have performed the duties as outlined in the Special Consultant Agreement Form and have completed all necessary employment forms.

Employee's Signature Date

I certify that the above individual has completed the assignment in a satisfactory manner, as outlined in the Special Consultant Agreement Form.

Supervisor's Signature Date

DEPARTMENT USE ONLY

Please note pay is by the day not by hours worked for all consultants.

Daily Rate:	x	Number of Days Paid	=	Total Pay Due:
		0		$0

Pay from position number: 208 (Agency) -- _____ (SCO Unit) -- 4660 (Job Code)

Completed by: _____ _____ (Ext.) _____ (Date)

PAYROLL OFFICE USE:

Date Keyed to **CMS** _____ **PIMS** _____ Date Issued _____ Agreement Ref# _____

Send the original form to Payroll at Zip 015 and make copies for the department and the employee.