

25800 Carlos Bee Blvd | Hayward, CA 94542

office 51085-3651 | fax 51085-2758

This form is required to request payment for employees classified as Special Consultants. Please note that this form must be completed each month that a Special Consultant works. The daily rate makes no assumption regarding the number of hours worked in a day.



\_\_\_\_\_  
First Name MI Last Name

Last four (4) digits of SSN \_\_\_\_\_ Foundation Grant Reimbursed

Department Name: \_\_\_\_\_ Department ID: \_\_\_\_\_  
(Must be 5 digits)

PeopleSoft EMPL ID: \_\_\_\_\_ PeopleSoft Position: # \_\_\_\_\_  
(Must be 9 digits) (Must be 8 digits)




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Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For Faculty Employees Only)  
Academic Affairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_