



California State University **Chico**
Academic Affairs

FACULTY AFFAIRS AND SUCCESS

Kendall Hall, Room 104, 400 W. 1st Street
Chico, CA 95929-0024 530-898-5029

FACULTY ENGAGEMENT STATEMENT OF WORK

Complete this form when CSU, Chico is hiring faculty from another CSU campus.

Date:

SERVICES PERFORMED BY:

Name: _____ EMPL ID: _____
Campus: _____
Position: _____
Dept: _____
Phone: _____
Email: _____

SERVICES PERFORMED FOR:

Name: _____
Campus: California State University, Chico
College: _____
Dept: _____
Phone: _____
Email: _____

Project Name:

Service Location:

(Complete if specific work location is required)

Duration of the Project (start/end or specific dates)

Requesting Campus Chartfield:

Project Summary and Objectives (Please attach the email or agreement with the faculty member engaged to do the work)

Scope of Work (Include responsibilities, deliverables, and timetable. Attach additional documents if needed)

Compensation (Include reimbursable expenses, including any applicable employer-paid benefit costs)

HOME CAMPUS APPROVAL:

Signature: _____
Department Chair

Date:

Signature: _____
College Dean

Date:

Home Campus Interagency Financial Transaction (IFT) Information:

Contact Name: _____

Contact Email: _____

Contact Phone: _____

CHARTFIELD: ACCT./FUND/DEPT ID/CLASS/PROGRAM

Please return this form to: Requestor, far@csuchico.edu & facultyaffairs@csuchico.edu