



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)

Requesting Campus Chartfield: \_\_\_\_\_

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

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](mailto:far@csuchico.edu) & [facultyaffairs@csuchico.edu](mailto:facultyaffairs@csuchico.edu)