

Home Campus Name:

CALIFORNIA STATE UNIVERSITY, _____

REQUEST FOR CSU, CHICO FACULTY
ENGAGEMENT STATEMENT OF WORK

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

Date: _____

SERVICES PERFORMED BY:

Name: _____

EMPL ID: _____

Campus: California State University, Chico

Position: _____

Dept: _____

Phone: _____

Email: _____

SERVICES PERFORMED FOR:

Name: _____

Campus: _____

College: _____

Dept: _____

Phone: _____

Email: _____

Campus Contact: _____

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:

Katy Rollo

far@csuchico.edu

(530) 898-5003

ACCT./FUND/DEPT ID/CLASS/PROGRAM

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