



CALIFORNIA STATE UNIVERSITY CHICO
Office of Academic Personnel

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

FACULTY ENGAGEMENT STATEMENT OF WORK

Complete this form when hiring faculty from another CSU campus

Date:

Services Performed By:

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

Services Performed For:

Name:
Dept:
College: California State University, Chico
Supervisor:
Phone:
Email:

Project Name

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

Service Location (Complete if specific work location is required)

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:

Department Chair: _____
Dept. Chair Name Date

College Dean: _____
College Dean Name Date

Home Campus Cash Posting Order (CPO) Information:

Contact name: _____ Contact email: _____ Contact Phone: _____

Account Fund Dept ID Class Program

Please return this form to: the requestor, far@csuchico.edu & AcademicPersonnel@csuchico.edu.