

Home Campus Name:

CALIFORNIA STATE UNIVERSITY, _____

FACULTY ENGAGEMENT STATEMENT OF WORK

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

Date:

Services To Be Performed By:

Name:
EMPL ID:
Campus: California State University, Chico
Position:
Dept:
Phone:
Email:

Services Performed For:

Name:
Dept:
College:
Supervisor:
Phone:
Email:
Campus Contact:

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)

CSU, Chico CAMPUS APPROVALS:

Department Chair: _____
Dept. Chair Name Date

College Dean: _____
College Dean Name Date

Campus Cash Posting Order (CPO) Information:

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

Account Fund Dept ID Class Program

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