

## Special Consultant Voucher

Last Name	First Name					МІ
Fresno State ID#		Department Name			Department ID#	
Retired Annuitant To assist in tracking the 960 hr limit for retired annuitants, we must track actual hrs worked	Yes No		Funding Source		Pay Period MM/YY (do not cross pay periods)	
Date Worked	Descriptions of	of Services Provi	ded	Daily Rate		If rehired annuitant, # of hours
TOTAL DAYS WORKED				TOTAL PA	YMENT DUE	TOTAL HOURS
Prepared by:Nan	ne		Phone #:			
I certify that I have performed the duties as outlined in the Special Consultant Agreement Form and have completed al necessary employment forms.			I certify that the above individual has completed the assignment in a satisfactory manner, as outlined in the Special Consultant Agreement Form.			
Employee Signature		Date	Date Department Chair/ Manager		С	Pate
AVP/ Dean Name AVP/ Dean S		Signature			Date	
PAYROLL USE ONLY           Date Keyed to P/S: Date Keyed to PIMS: Date Issued: Agreement Ref#:						