OFFICE OF RESEARCH AND SPONSORED PROGRAMS
1600 Holloway Avenue, ADM 471
San Francisco, CA 94132-1722

https://research.sfsu.edu/

SPECIAL CONSULTANT TIME REPORT

255	655	4660	
AGENCY	UNIT	CLASS	SERIAL

PROJECT ID #: _____

NAME: _____ **SFSU ID #:** _____ **PAY PERIOD:** _____
LAST, FIRST

DATES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total DAYS WORKED
DAYS Worked																																

INSTRUCTIONS FOR COMPLETING THE SPECIAL CONSULTANT TIME REPORT:

1) Special Consultants are paid **in full day increments ONLY**.
2) For each day worked enter a **W in the box** that corresponds to the date given above each row. **Do not enter hours.**
3) List the total number of days worked in the Total Days Worked Box.
4) Make sure to enter the **Eight (8) Digit Grant Number next to Project ID #**. (Check with your project director/supervisor to obtain the correct grant project number.)
5) Sign the timesheet and forward to your project director/supervisor for signature or contact ORSP Grant Administrator/Specialist to set up signature routing in DocuSign.
6) Time Reports should be submitted to ORSP Grant Administrator/Specialist for processing.
7) Pay checks are distributed from HR Payroll.
8) Please update/confirm check distribution mailing address in your Gateway account.
9) Pay periods vary. Please check with ORSP Grant Administrator/Specialist for payment status.

EMPLOYEE SIGNATURE:	**PHONE # and/or EMAIL:**	**Date Signed:**
PI / SUPERVISOR NAME and SIGNATURE:	**PHONE # and/or EMAIL:**	**Date Signed:**
ORSP DIRECTOR NAME and SIGNATURE:	**PHONE # or EMAIL:**	**Date Signed:**
ORSP PERSONNEL USE:		
ETRAC #:	**DAILY RATE:**	