



**■ PART TIME EMPLOYEE AUTHORIZATION FORM**

**Instructions:** Please print or type all responses. Part time employees must have a break in employment for at least one pay period every six months.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

Telephone #: \_\_\_\_\_

- New Hire
- Extended Assignment
- \_\_\_\_\_ TOTAL NUMBER OF CONSECUTIVE PAY PERIODS  
 WORKED IN Fiscal Year (For extensions only. Refer to employee's timesheets)

DIVISION/DEPARTMENT/OFFICE TO WHICH ASSIGNED: \_\_\_\_\_

NAME OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ EMPLOYMENT DATES: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 EXTENSION DATES: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

TOTAL NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_

<u>FUNDING SOURCE:</u>		<u>ACCOUNTING CODE:</u>
INSTITUTIONAL	_____	_____
TUITION OFFSET	_____	_____
GRANT	_____	_____
OTHER	_____	_____
<b>TOTAL</b>	<b>100%</b>	

To be completed by Human Resources

HOURLY RATE OF PAY: \$ \_\_\_\_\_

For extensions only:  
 CHANGE IN HOURLY RATE OF PAY: \$ \_\_\_\_\_  
 EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Hiring Manager

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Dean/Director/Department Head

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Member/Executive Council

HIRING AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Human Resources

HIRING AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 President (if applicable)