



# MONTHLY PAYROLL AUTHORIZATION (Non-Teaching Work)

MPA10

## PART I - To be filled out by employee

Social Security # or Banner ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Gender:  M /  F

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  Listed  Unlisted

Ethnicity:  White  Black  Hispanic  American Indian/Alaskan Native  Asian American/Pacific Islander

Yes / No I am a State employee participating in the State Pension Program (ERS).

Yes / No I am currently a student at CCRI. If yes, # of credits I am attempting to earn this semester \_\_\_\_\_

Yes / No Have you ever been convicted for any offense? (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). In the space below, give date and location. Indicate felony or misdemeanor. Lack of explanation is a basis for rejection. **NOTE: In some instances, a plea of 'nolo contendere' may not be considered a conviction. Refer to RI General Law 12-18-3.**

**Please Note: Individuals may not begin working until they have received a copy of this monthly payroll authorization with full approvals from Section III below!**

\*Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* **Employment may be terminated prior to the end of the authorized period based on College priorities and/or fiscal constraints.**

\* **For CCRI bi-weekly employees: hours cannot interfere with normal working hours.**

## PART II - To be filled out by the supervisor

1. Department/Grant Name: \_\_\_\_\_

2. Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Prog: \_\_\_\_\_ Acct: \_\_\_\_\_

3. (To be completed by HR Department) Position Control #: \_\_\_\_\_ / Title: \_\_\_\_\_

4. Hourly Rate: \$ \_\_\_\_\_ 5. Estimated Hours Per Week: \_\_\_\_\_ (19 hrs max.)

6. Description of Duties: \_\_\_\_\_

7. Why is position needed? \_\_\_\_\_

8. Amount of funding required through June 30<sup>th</sup> of current fiscal year: \$ \_\_\_\_\_

9. Period of employment: Estimated FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Hours when work is to be performed: FROM: \_\_\_\_\_am/pm TO: \_\_\_\_\_am/pm

11. Name of supervisor who will be responsible for approving timesheets \_\_\_\_\_

## PART III - Approved by

Department Chair/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Dean (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Divisional Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Business Office: \_\_\_\_\_ Date: \_\_\_\_\_