



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 Are you 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 30th 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: _____