



MONTHLY PAYROLL AUTHORIZATION (Non-Teaching Work)

PART I - To be filled out by employee

Social Security #: _____

Check Distribution: Campus (specify) _____
Home _____

Name: _____

Gender: M / F

Street: _____

Date of Birth: _____

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).

Please Note: You are not a College employee and may not begin working until you receive a copy of this monthly payroll authorization with full approvals in 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. Position Control #: _____ (To be completed by Payroll Department)

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

PART III - Approved by

Department Chair/Director: _____ Date: _____

Dean (if applicable): _____ Date: _____

Divisional Vice President: _____ Date: _____

Human Resources: _____ Date: _____

Business Office: _____ Date: _____

Vice President for Business Affairs: _____ Date: _____