



MONTHLY PAYROLL AUTHORIZATION (Non-Credit Teaching)

SOCIAL SECURITY NO.

Check Distribution:

Campus (specify) _____
Home _____

LAST NAME

FIRST NAME

MI

STREET ADDRESS #1

STREET ADDRESS #2

CITY

STATE

ZIP CODE

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 noted below!

Gender: M / F

Date of Birth: _____

***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.

To be filled out by supervisor:

Approved by:

- Describe service(s) to be performed by individual: _____

- Course name and number: _____
- Hourly pay rate: _____
- Fund: _____ Org: _____ Prog: _____ Acct: _____
- Position Control #: _____ (For Payroll Use Only)
- Indicate clock hours for this function: _____ am/pm _____ am/pm
- Dates of employment: Estimated From: ____/____/____ To: ____/____/____

_____	_____
Department Chair/Director	Date
_____	_____
Dean	Date
_____	_____
Divisional Vice President	Date
_____	_____
Human Resources	Date
_____	_____
Business Office	Date