



MONTHLY PAYROLL AUTHORIZATION (Non-Credit Teaching)

MPA20

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 listed 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.**

To be filled out by the supervisor:

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

- 2) Course name and number: _____
- 3) Hourly pay rate: _____
- 4) Fund: _____ Org: _____ Prog: _____ Acct: _____
- 5) Position Control #: _____ (For HR Use Only)
- 6) Indicate clock hours for this function: _____ am/pm _____ am/pm
- 7) Dates of employment: Estimated From: ____/____/____ To: ____/____/____
- 8) Supervisor who will approve timesheets _____

Approved by:

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