



# WORK AUTHORIZATION REQUEST

Work may not begin until Part 1 is approved  
See reverse side for directions

## PART 1

FROM: Originator/Supervisor: \_\_\_\_\_

Employee: \_\_\_\_\_ CCM ID# \_\_\_\_\_  
LEGAL NAME MUST BE USED

Current Status: ☐ FT ☐ PT ☐ Adjunct -credit ☐ WFD Instructor ☐ Other (i.e.: coach, tutor, etc.)

Account #: \_\_\_\_\_ - \_\_\_\_\_

Services to be rendered: \_\_\_\_\_

Anticipated Dates of Service: \_\_\_\_\_

The employee named above is authorized to work no more than \_\_\_\_\_ hours per week for a total of \_\_\_\_\_ hours during the dates of service noted above.

Hourly Rate: \$ \_\_\_\_\_ Total Amount to be paid: \$ \_\_\_\_\_ at end of assignment.

### REQUIRED AUTHORIZATIONS:

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/VP: \_\_\_\_\_ Date: \_\_\_\_\_

Grant Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Budget: \_\_\_\_\_ Date: \_\_\_\_\_

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

## PAYMENT AUTHORIZATION

### PART 2

Service Completed: Pay this amount in the next pay period: \$ \_\_\_\_\_

OR

Partial Payment: Pay this amount in the next pay period: \$ \_\_\_\_\_ for \_\_\_\_\_ Hours

TOTAL Authorized Amount approved in **PART 1** \$ \_\_\_\_\_

Total Paid (Prior & Current) to Date \$ \_\_\_\_\_

Balance of Assignment \$ \_\_\_\_\_

### REQUIRED AUTHORIZATION:

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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

TO PAYROLL: for payment in the next pay period \_\_\_\_\_ Date: \_\_\_\_\_

# WORK AUTHORIZATION REQUEST

## Directions

### PART 1 - complete part one prior to work starting

**Originator:** The person requesting the hiring of the employee to perform services. The originator will receive the original form back once signed by all required authorizations.

**Employee:** Nicknames will NOT be accepted; the name of the employee as is shown on their pay advice is to be used.

**Current Status:** Please check all positions that apply.

**CCM ID #** is required (Do not use social security numbers)

**Account #** is required

**Services to be rendered:** Include the specific job the employee is being hired for. (IE: Teaching Excel; Shot Clock Operator; Trumpet Player for fall 20\_\_ musical, etc.)

**Anticipated Dates of Service:** Include the start and end date of the assignment

**Hourly Rate** is required

**Total amount to be paid** is required

**Authorizations:** All signatures must be received PRIOR to the start of services rendered.

## PAYMENT AUTHORIZATION

### Part 2 - complete part two for payment

Select either:

#### Service Completed

OR

#### Partial Payment

Include the amount due for partial payment for the specified hours as well as partial payment information to keep track of approved amount.

**Required Authorized:** The Employee, Supervisor and Human Resources must sign for payment to be made.

A copy of the time sheet or time and effort form signed by the employee **AFTER** work has been completed **MUST** be included with this form.