



WORK AUTHORIZATION REQUEST

Work may not begin until Part 1 is approved

PART 1

FROM: Originator/Supervisor: _____

Employee: _____ CCM ID# _____

LEGAL NAME MUST BE USED

Current Status: ___ FT ___ PT ___ Adjunct -credit ___ Adjunct-non-credit ___ 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: _____

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.