

EMPLOYMENT AUTHORIZATION - REQUEST to HIRE

DIVISION _____ **PROGRAM** _____ **FUNDING SOURCE** _____

Name: _____ **Address, if different than App:** _____

Position Title: _____

Grade or Level: Grade: _____ **or** Level: _____

Rate of Pay: Non-Exempt Hourly Rate: \$ _____ Exempt Annual Salary: \$ _____

Job Status: Full-time Part-time Substitute Other _____

Classification: Exempt Non-Exempt Hourly Temporary Contract Seasonal

Effective Dates: Pre-employment paperwork session: _____
Start date on the job: _____

Supervisor's Name/Title: _____

Other Required Information:

New Position - (was Position Approval form received in HR? Yes No)

Replacement Position - formerly held by: _____

Work Site Location: _____

Primary Position Second Position - also holds another position within OCO

Basic Weekly Work Schedule: Total hours per week: _____ **Total weeks per year:** _____

TIME IN/OUT	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TIME IN							
TIME OUT							
Subtract for each shift that has an unpaid break	- .50	- .50	- .50	- .50	- .50	- .50	- .50
TOTAL HOURS							

Staff Person Requesting: _____ Name/Title _____ Date _____

APPROVALS REQUIRED:

_____ Division Director _____ Date _____

_____ Human Resources Manger _____ Date _____

FOR HR OFFICE USE ONLY - Check all that apply:

- Driving Abstract Health Screening Child Abuse Clearance Fingerprinting D & A

VACATION: FLOATING HOLIDAY/BONUS DAY:	HEALTH and DENTAL INSURANCE: Effective: _____ Coverage Eligible for: <input type="checkbox"/> Individual <input type="checkbox"/> Family
PAID HOLIDAYS:	TERM LIFE INSURANCE: FLEXIBLE SPENDING: CANCER INSURANCE:
PAID SICK TIME: Beginning _____, _____ hours/mo.	RETIREMENT PLAN: THE EQUITABLE - Contact Tim Frawley at 635-7707 to enroll • Employee Salary Reduction Plan: Eligible to Participate • Employer Contribution: See Personnel Policies
PAID PERSONAL TIME: _____ hours, after _____	

SPECIAL NOTES/CONDITIONS: