

EMPLOYMENT AUTHORIZATION - REQUEST to HIRE

DEPARTMENT \_\_\_\_\_ 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:** \_\_\_\_\_  
Department Director \_\_\_\_\_ Date \_\_\_\_\_  
Director of Human Resources \_\_\_\_\_ Date \_\_\_\_\_

**FOR HR OFFICE USE ONLY - Check all that apply:**

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

<b>VACATION:</b> <b>FLOATING/PROGRAM HOLIDAYS:</b>	<b>HEALTH and DENTAL INSURANCE:</b> Effective: _____ Coverage Eligible for: <input type="checkbox"/> Individual <input type="checkbox"/> Family
<b>PAID HOLIDAYS:</b>	<b>TERM LIFE INSURANCE:</b> <b>FLEXIBLE SPENDING:</b> <b>CANCER INSURANCE:</b>
<b>PAID SICK TIME:</b> Beginning _____, _____ hours/mo.	<b>RETIREMENT PLAN: THE EQUITABLE -</b> <b>Contact Angi Renna at 425-6348 to enroll</b> • Employee Salary Reduction Plan: Eligible to Participate • Employer Contribution: See Personnel Policies
<b>PAID PERSONAL TIME:</b> _____ hours, after _____	

**SPECIAL NOTES/CONDITIONS:**

H:HR/Forms/Request to Hire