

INSTITUTE HIRE AUTHORIZATION SHEET

INSTITUTE CENTER:

FORM SUBMITTED BY:

EMPLOYEE NAME:

ID#:

PAYROLL TITLE:

PAY RATE:

% PER MONTH/HOURS PER WEEK: MONTHLY or BIWEEKLY:

ACCOUNT/CC/FUND/PROJ/SUB %TIME: BEGIN DATE: END DATE:

DESCRIPTION OF DUTIES/QUALIFICATIONS*:

ADDITIONAL COMMENTS:

TO BE COMPLETED FOR STUDENT EMPLOYEES ONLY

GRADUATE STUDENT RESEARCHERS (GSR)

OF ENROLLED UNITS:

WORK-STUDY

DO YOU WANT JOB ADVERTISED ON INTERNET?:

DEPARTMENT EXTENSION:

ROOM NO./BUILDING:

HOURS PER WEEK:

PERIOD NEEDED: **ACADEMIC YEAR: FALL: WINTER: SPRING:**

*** (A detailed description of duties and qualifications are required for all work-study positions.)**