WASHINGTON COLLEGE

Office of Human Resources
300 Washington Avenue • Chestertown MD 21620
PHONE 410.778.7298 • FAX 410.778.7254
EMAIL hr@washcoll.edu
WEB hr.washcoll.edu

This form is to be used when hiring a new employee, authorizing a current employee in an additional position, or paying a current employee additional pay. Complete all required items including signatures and return to the Office of Human Resources. Please note: Incomplete authorizations will be returned unpaid to the Hiring Official.

Hourly Employees - Paid by the HOUR - No Stipends
Any additional work must be authorized on a Staff Employment Authorization form. Indicate the hourly rate for the additional hours in Section D. Also, if additional work hours takes the hourly employee into overtime in a week, then the position that caused the overtime is charged the cost of overtime.

Exempt Employees - Paid by Salary- Can Receive Stipends
Any additional work must be authorized on a Staff Employment Authorization form. The stipend amount and description should be included in the stipend box in Section D.

OBJECT CODES FOR POSITION FUNDING

61020-10 Faculty Salary	*61020-60 FT Faculty Overloads	61030-30 Temporary Salary (Hourly)
61020-20 Temporary Faculty Salary	61030-10 Regular Salary (Exempt)	61030-35 Athletic Recruiting
*61020-30 Faculty Stipend	61030-20 Regular Salary (Hourly)	61030-40 Staff Stipends
61020-50 Adjunct Faculty	61030-25 Staff Over Time	

Staff Employment Authorization form may be found below (page 2).

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STAFF EMPLOYMENT AUTHORIZATION

A. EMPLOYEE INFORMATION

If current WC Employee provide WC ID number:_____

Name of Employee: **Proper Name Required**

Prefix	First Name	Middle	Last Name	Suffix

Home Address:

_____
Street Address or P.O. Box

_____
City State Zip

B. RECRUITMENT INFORMATION

Interview Performed By:	Date:
Reference Checks Performed By:	Date:

C. POSITION INFORMATION

Position Number:	Position Title:

☐ New Position ☐ Existing Position	☐ Full-Time ☐ Part-Time	☐ Regular ☐ Temporary	☐ Exempt ☐ Non-Exempt	☐ Meal Plan ☐ Grad. Classes

☐ This appointment is a temporary appointment of a current Washington College employee to work a specific event. **Please be advised if an exempt staff member is hired for an hourly position, they will be paid via stipend.**	Name of Employee Being Replaced (If Applicable):
Start Date:	If this position has an end date, is contractual, or grant funded, please provide end date. End Date:

D. POSITION FUNDING

☐ Hourly ☐ Salary	Rate of Pay: $_____ per hour $_____ salary	Stipend Amount: $ _____ Description:	Moving Expense: $ _____

Funding Source(s):

_____-_____-_____ %_____

_____-_____-_____ %_____

_____-_____-_____ %_____

These funds should be paid in:
☐ Fiscal Year 2014 (07.01.13-06.30.14)
☐ Fiscal year 2015 (07.01.14-06.30.15)

HR USE ONLY
POSD Rank: _____
EEO Code: _____
SOC Code: _____

E. AUTHORIZATION SIGNATURES

Hiring Official:	Date:
Department Head or Director:	Date:
Grants Manager (if grant requires approval):	Date:
Budget Director/ VP Finance:	Date: