

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).

STAFF EMPLOYMENT AUTHORIZATION

A. EMPLOYEE INFORMATION

If current WC Employee provide WC ID number: _____

Name of Employee: **PROPER NAME REQUIRED - NO NICKNAMES**

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

Full-Time

Benefit Eligible

Exempt

Existing Position

Part-Time

Temporary

Non-Exempt

This appointment is a temporary appointment of a current Washington College employee to work a specific event. **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: _____

End Date: **Only provide an end date, if the position is contractual, or grant funded.**

D. POSITION FUNDING

Rate of Pay:

Hourly \$ _____ per hour

Salary \$ _____ salary

Stipend Amount:

\$ _____

Description: _____

Moving Expense Allowance:

\$ _____

Meal Plan Allowance:

\$ _____

Grad Class Allowance:

\$ _____

Funding Source(s):

This is a grant-funded position which allows overtime.

_____ % _____

_____ % _____

_____ % _____

These funds should be paid in:

Fiscal Year 2015 (07.01.14-06.30.15)

Fiscal year 2016 (07.01.15-06.30.16)

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: _____

Office of Human Resources: _____

Date: _____