

**Employee Authorization Form
NOBTS Payroll & Personnel**

ALL FIELDS REQUIRED

Name of Employee: _____ Position: _____

Employee Email: _____ Employee Phone # _____

Department Name: _____ Account #: _____

Work Location (State): _____

PLEASE CHECK THE APPROPRIATE BOX

The employee is:	Payroll Period:	Is employee a student at NOBTS?
<input type="checkbox"/> New	<input type="checkbox"/> Monthly (Salary)	<input type="checkbox"/> Yes
<input type="checkbox"/> Current	<input type="checkbox"/> Bi-Weekly (Hourly)	<input type="checkbox"/> No
<input type="checkbox"/> Former		

FOR FULL TIME EMPLOYEES

This employee is authorized for:

Full Benefits (Career Staff)

Paid Time Off and Medical Insurance (Student and Student-Related Staff)

RATE OF PAY

Hourly Rate _____ Hours authorized per *pay period* _____

Salary _____ Hire Date/Start Date: _____

Supervisor's Signature: _____ Date: _____

Division Chair's Signature: _____ Date: _____

Academic Dean's Signature: _____ Date: _____

Provost's Signature: _____ Date: _____

ADDITIONAL INFORMATION

TO BE COMPLETED BY PAYROLL

Authorization/Classification:
I do hereby approve and authorize the aforementioned employee and compensation as stated above.

Employee Classification: 001 Faculty
 003 Career Staff
 004 Full-Time Student-Related Staff or Part-Time Non-Student Staff
 019 Student Part Time Staff

Signature: _____ Date: _____
 VP for Business Administration