

# Payroll/Personnel Authorization

Last Name:	Campus:	Date Prepared:
First Name:	Department:	Employee Type:
CWID:	Title:	Reason:
Last 4 Digits of SSN: XXX-XX-	* Supervisor:	Replaces:

If New Hire/Rehire:	If Change:	If Single Payment:	If Termination:
Add to Payroll: \$	From: \$ To: \$	Amount: \$	Effective Date:
Per:	Per: Per:	Payment Date:	
Effective Date:	Effective Date:	Explain reasons for payment in comments section and attach related documentation.	
End Date:			

FUND    ORG    ACCT    PROG    PERCENTAGE

**Do not leave FOAP information blank.**  
Contact your budget administrator for FOAP information.  
Distribution must be in percentages only.

Prepared By: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

Documents Attached:    Direct Deposit Authorization    Completed I-9    W-4s    Other (specify): \_\_\_\_\_

**If Student:** I understand that by virtue of my employment with IIT, I may have access to records which contain individually identifiable student information, the disclosure of which is restricted by the [Family Educational Rights and Privacy Act of 1974](#). I acknowledge that I should not disclose this information. \_\_\_\_\_  
Student Signature: \_\_\_\_\_

**Approvals:**  
\*\* Supervisor \_\_\_\_\_ \*\* Dept. Head \_\_\_\_\_  
\*\* V.P./Dean \_\_\_\_\_ Human Res. \_\_\_\_\_ Budget Dept. \_\_\_\_\_

\* Must be employee's supervisor. Other authorized timesheet approvers can be assigned as proxies by the supervisor.

\*\* All forms require a minimum of two approvals before submission to appropriate processing department.

Completed student Payroll Authorizations should be sent to the Career Management Center, Galvin Library.

All other Payroll Authorizations should be sent to Human Resources, Main Building 302.

**For use by CMC/IC/HR:**

CMC \_\_\_\_\_ Int'l Center \_\_\_\_\_ Acad Period \_\_\_\_\_ Cred Hours \_\_\_\_\_ Non-FWS \_\_\_\_\_ FWS \_\_\_\_\_  
E-Class \_\_\_\_\_ Position Control Number - Suffix \_\_\_\_\_ - \_\_\_\_\_ Org Code \_\_\_\_\_