Payroll/Personnel Authorization Form



Last Name:	Campus:	Date Prepa	Date Prepared:	
First Name:	Department:	Employee T	Employee Type:	
CWID:	Title:	Rea	Reason:	
J4H ID (student jobs only):	*Supervisor:	Repla	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 single payment in		
End Date:	Student employees are paid hourly. (Exceptions: GAs RAs, and TAs)	comments section and attach related documentation.		
FOAP Information		FUND ORG ACCT F	PROG PERCENTAGE	
Contact your budget administrator If split between multiple FOAPs,				
For FWS students, assign 100%	to your department FOAP/s.			
Prepared By:	Phone Number:	Email:		
Comments:				
Documents Attached: Dire	ct Deposit Authorization Complete	ed I-9 W-4s Other (specify):	
Approvals *Two approvals re	equired, one of which must be the employ	ee's supervisor.		
*Supervisor:	Date De	ept. Head/Budget Mgr:	Date	
printed name:		printed name:		
V.P./Dean:	Date	HR: IIT Budget	Dent :	
printed name:			Бори	
	Other authorized timesheet approvers call student Payroll Authorizations should be			
For use by SEO/HR:				
SEO I-Cen	ter Academic Period	d Credit Hours	_ Non-FWS / FWS	
E-Class	Position Control Number - Suffix	Org. Code		