

**Employee Authorization Form
NOBTS Payroll & Personnel**

ALL FIELDS REQUIRED

Name of Employee (EE): _____ Position: _____

EE Email: _____ EE Phone #: _____

Department Name: _____ Account #: _____

Work Location (State): _____

PLEASE CHECK THE APPROPRIATE BOX

The employee is:

- New
- Current
- Former

Payroll Period:

- Monthly (Salary)
- Bi-Weekly (Hourly)

Is employee a student at NOBTS?

- Yes
- No

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 Signature: _____ Date: _____

Division Chair Signature: _____ Date: _____

Academic Dean or AVP Signature: _____ Date: _____

Provost or VP 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: _____

Senior VP for Business Administration