## New River Community College Hourly Payroll Authorization (Please complete this form and obtain approvals prior to hiring a new employee.)

Purp	ose of form:	New Hire Renewal	Replacement Hire	
		Kellewal	Change in (Hours and/or Department Coding)	
1.	Name of Emp	loyee:		
2.	SIS Employee ID or Cardinal ID:			
3.	Department:			
4.	Title/Duties:	Title/Duties:		
5.	Dates of Emp	Pates of Employment: From:to:		
6.		Approximate Number of Work Hours per Week:		
7.	Approximate	Number of Work Hours	per Year: (not to exceed 1,500)	
8.	Hourly Rate o	Rate of Pay: \$ Estimated Cost for Year: \$		
9.	AIS Department number to be charged:			
10.	Comments:			
	Supervisor		 Date	
	Appropriate	Dean or Vice President		
	Payroll/Hum	an Resources		
	 Budget/Finar	nce Approver	 Date	