New River Community College

Hourly Payroll Authorization

(Please complete this from and obtain approvals prior to hiring a new employee.)

Purpose of form: ☐ New Hire ☐ Replacement Hire ☐ Renewal

1. Name of Employee: _____
2. Social Security No. or Employee ID: _____
3. Department: _____
4. Title/Duties: _____
5. Dates of Employment: From: _____ to: _____
   No end date necessary if employee continuously works
6. Approximate Number of Work Hours per Week: _____
7. Approximate Number of Work Hours per Year: _____ (not to exceed 1,500)
8. Hourly Rate of Pay: $_____ Estimated Cost for Year: $_____
9. AIS Department number to be charged: _____

_____ _____
Completed by Date

Approvals:

_____ _____
Supervisor Date

_____ _____
Appropriate Dean Date

_____ _____
Appropriate Vice President Date

_____ _____
Director of Human Resources Date

_____ _____
John Van Hemert Date
Vice President for Finance & Technology