New River Community College
Hourly Payroll Authorization

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

Purpose of form:

☐ New Hire

☐ Replacement Hire

☐ Renewal

☐ Change in Hours and/or Department Coding

1. Name of Employee: _____
2. SIS Employee ID or Cardinal ID: _____
3. Department: _____
4. Title/Duties: _____
5. Dates of Employment (Beginning to End)_____
   (No end date is 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: $_____
9. Estimated Cost for Year: $_____
10. AIS Department number to be charged: _____
11. Comments: _____

_____

Approvals

Supervisor and Date_____

Appropriate Dean or Vice President and Date_____

Payroll/Human Resources and Date_____

Budget/Finance Approver and Date_____