

AUTHORIZATION FORM

BIWEEKLY-PAID UNDERGRADUATE BIWEEKLY-PAID GRADUATE STUDENTS PART-TIME (NON-FACULTY) EMPLOYEES

Banner ID: Name	j:		
	Last	First	Middle
Foreign National: Yes No	Work Study Student: Yes	No Tutor/Mentor: Yes	No
Graduate School Student? Yes	No (If yes, then a back	kground check must be completed.)
Home Org:	Home Department:		
Check Distribution:	District/Div:	Location ID:	
Begin Date:	End Date:		
Position #:	Suffix #:	Title:	
FTE:	Hourly Rate:	Estimated Hours of Pay:	
Supervisor ID:	No	(If yes, then a MAVD must be as	ampleted)
If student, driving an AU vehicle during the	e assignment? Yes No	(If yes, then a MVR must be co	тріетеа.)
Comments:			
Approval Signatures (Must have at le	ast two signatures):		
Hiring Department/Supervisor	Dean/Director/Depart	ment Head	
Provost/Vice President (if applicable)	Graduate School (if Graduate School)	aduate Student Worker)	
Date Prepared:	Prepared by:	Phone #:	
Notify EPAF Approval GID:	Received I-9: (Student or Work Stu		