INSTRUCTIONS FOR EMPLOYEE AUTHORIZATION FORM

Read all instructions carefully before completing this form

THIS NEEDS TO BE COMPLETED AFTER THE INDIVIDUAL HAS BEEN HIRED. THIS FORM HAS TO BE SIGNED BY THE HIRING MANAGER (SUPERVISOR) AND THE DEAN OF THE AREA. IF DEAN NOT APPLICABLE THE APPROPRIATE EXECUTIVE OFFICER OF AREA SHOULD SIGN THE FORM.

SECTION 1, EMPLOYEE [TO BE COMPLETED BY THE HIRING MANAGER]

It is very important that you ask the individual that you have hired, if they have an **@** number (i.e., former employee or a student). If so, please put that number on the indicated line.

DEFINITIONS:

- **New (to College)** *has never worked at Washtenaw Community College (has no **@** number).*
- **New (to Dept.)** *is a current employee who is working in another department*.
- **Return** *a former employee who has been rehired (if the @ is known please indicate on the form).*
- **Upgrade** *an employee who is being promoted from their current position*.

If the individual who is being hired is replacing someone, please indicate previous incumbents name with their @ number.

SECTION 2, JOB [TO BE COMPLETED BY THE HIRING MANAGER]

Please be sure that you have the correct information for the individual so the new hire is entered into system correctly. If you are unsure of the FOAPAL string, please ask person responsible for budget line items in your area because this will affect how your area will be charged for this individual.

Please inform all new hires for faculty positions transcripts are needed for their personnel file. There are a few exceptions where experience will be a substitute, but will be approved by area (Occupational Education and Continuing Education are areas that fall under the exception).

SECTION 3, APPROVAL [TO BE COMPLETED BY THE HIRING MANAGER (SUPERVISOR), DEAN OF AREA, OR THE APPROPRIATE EXECUTIVE OFFICER]

All forms need to be signed by the supervisor and the Dean of the area. If Dean not applicable, the appropriate Executive Officer of the area will need to sign the authorization form. There are some exceptions when the form needs to be signed by the Vice President for Instruction in addition to the Dean for his approval of the new hire (i.e., new hire not meeting the minimum posted qualifications for position).

It is very important that the supervisor checks the box verifying that the new hire meets the posted qualifications. If this person does not meet the posted qualifications, then the Dean of the area needs to be made aware. If the person does not meet, the form needs to be forwarded to the Vice President for Instruction office for approval. The Vice President needs to check the box verifying approval, and sign and date the authorization form.

Employee Authorization Form Next Page ➡

EMPLOYEE AUTHORIZATION FORM

SECTION 1 – EMPLOYEE
[TO BE COMPLETED BY THE HIRING MANAGER]

Employee Name _____ **@**_____

Position Title _____

Campus Phone _____ **Campus Location** _____

Interview Date _____ **Start Date** _____ **End Date** _____

If The Employee **Is** Part Time:

Are they: ☐ **New (to College)** ☐ **New (to Dept.)** ☐ **Return** ☐ **Upgrade**

Are they a replacement for an employee that no longer works for you, if yes then who _____@_____

SECTION 2 – JOB
[TO BE COMPLETED BY THE HIRING MANAGER]

Position Classification: ☐ **Full-Time** ☐ **Part-Time**

☐ **Independent** ☐ **Cust/Maint** ☐ **Office Prof/Tech** ☐ **Support Lv1** ☐ **Support Lv2** ☐ **Student (general fund)**

☐ **Professional Faculty** ☐ **Classified Faculty** ☐ **PT Contractual Faculty** ☐ **Professional Service Faculty**

FOAPAL String

Fund _____ **Org** _____ **Acct** _____ **Prog** _____ **Activity** _____

SECTION 3 – APPROVAL
[TO BE COMPLETED BY THE HIRING MANAGER & DEAN OF AREA]

☐ ***Signatures verify candidate meets posted qualifications*** ☐ ***Vice President for Instruction Approval***

Supervisor Signature _____ **Date** _____

Dean Signature _____ **Date** _____

FOR FULL-TIME HIRE OR POSTED QUALIFICATION VICE PRESIDENT OVERRIDE APPROVAL:

AVP/VPI _____ **Date** _____

TO BE COMPLETED BY HUMAN RESOURCES

Position Number_____ **Grade Level**_____ **Salary/Hourly Rate**_____

Affirmative Action Officer Signature_____ **Date**_____

Comments_____

_____

HRM Signature_____**Date**_____**Student Verification** ☐