



Hiring Authorization Form

To initiate the hire of new staff, this form must be completed and returned to Human Resources.

New Employee Information:

Name:	
Address:	
Contact Phone / Email:	

Is this a grant-funded position? Yes ☐ No ☐

Position Information:

Job Title:			
Desired Start Date:			
Supervisor / Reports To:			
Job location:		Campus / Center:	
Full-time or Part-time:		Exempt / Non-Exempt:	
Hourly / Monthly Rate:		# of Months to Work:	
Days and hours worked (if non-exempt)			
Special information or agreements			

Supervisor Signature:

Date:

Human Resources Use Only:

☐ Offer made

☐ Offer Accepted

☐ Start Date: ____ / ____ / ____