

ALVIN COMMUNITY COLLEGE

**DEPARTMENT OF CONTINUING EDUCATION
EMPLOYMENT AUTHORIZATION**

This form is to be completed by the Continuing Education Program Coordinator / Hiring Manager and serves as employment authorization. For effective records management and accurate payroll processing, the Continuing Education Office and/or the Human Resources Office must be notified of new instructors as soon as possible; prior to the hire date or first class date. Application forms should be reviewed by the Program Coordinator / Hiring Manager and submitted through the appropriate administrative levels for approval signatures. Applications received without the Employment Authorization form may result in a delay of payment for the new hire. Notification of reduction in hours, resignations, and terminations of instructors should be reported in a timely manner to ensure payroll system accuracy. Grant Funded and/or Temporary work assignments require an employment end date.

EMPLOYMENT ACTION: NEW HIRE RE-HIRE (if the candidate has not taught in the last 18 months)

EMPLOYEE INFORMATION:

NAME _____ SOCIAL SECURITY # _____ D.O.B. _____
HOME PHONE _____ ALT PHONE/PAGER _____
WORK PHONE _____ CELL PHONE _____
ADDRESS _____
STREET _____ CITY _____ STATE _____ ZIP _____
E-MAIL _____

PAYROLL INFORMATION:

EMPLOYMENT TYPE: NEW PERSONNEL REPLACEMENT

IF REPLACEMENT PERSONNEL, SPECIFY INDIVIDUAL BEING REPLACED: _____

BRIEFLY STATE WHY PERSONNEL ACTION IS NEEDED: _____

JOB TITLE: _____

START DATE: _____ END DATE: _____

RATE OF PAY: _____ PER HOUR / PER TIME CARD _____ HOURS PER WEEK

GL ACCOUNT #: _____ ACCOUNT NAME: _____

GL ACCOUNT #: _____ ACCOUNT NAME: _____

SUBMITTED BY:

Program Coordinator / Hiring Manager Date

APPROVED:

Dean – Continuing Education & Workforce Development Date

Dean of Instruction / Provost Date

Director of Human Resources (Applicable if position is 19 hrs or more per week) Date