

PAYROLL AUTHORIZATION FORM

PCA-1
Revised 1-19-10

Employee Name: _____

Position: _____ School: _____

Reason For Hiring: _____ New Position
 _____ To Replace Resigned Staff Member: _____
 _____ To Replace Changed Position of: _____
 _____ To Change Position (Approved Transfer Request is Attached)
 _____ Type of Change: _____
 _____ Cover Leave Of Absence for: _____
 _____ Dates of Leave: From: _____ To: _____
 _____ Other _____

Type of Contract: _____ Regular _____ Temporary _____ Related Services _____ N/A

Starting Date: _____

Employee Will Work: _____ Full-Time: _____ Part-time: (Describe dates, Hours Etc) _____

Pay Rate to Be Based On:

Degree:	_____ Associates	_____ Bachelor's	_____ Bachelor's +18
	_____ Bachelor's +36	_____ Bachelor's + 51	_____ Masters
	_____ Master's +15	_____ Master's + 30	_____ EDS

Years of Experience: _____ (_____ Pending Verification) (_____ Verificiation on File)

Identify Salary Schedule: _____ (Certified, Related Services, Classified, etc.)

Other: _____

Contract Contingencies:

Valid Indiana License:	_____ Already on File	_____ Contract Contingency	_____ N/A
Office Transcript:	_____ Already on File	_____ Contract Contingency	_____ N/A
Verification of Previous Exp.:	_____ Already on File	_____ Contract Contingency	_____ N/A

Other Information: _____

Assistant Director: _____ Date: _____

Employee Will Need The Following (Mark with Y for yes or N for no):

Name Tag: _____ Computer Access: _____ EES Email: _____
 Mailbox: _____ Business Cards: _____ Member of: _____ Earlywood _____ All EES Emp
 Voicemail: _____ Notify Welcom Comm: _____ Remove Website Posting: _____

Phone# for Alert Now: _____ Birth Date for Earlywood Edition: _____ SPN # _____

Submit Completed form to Human Resources and they will copy this form for the following

_____ Bookkeeping: _____ Office Manager _____ Technology Dept. _____ Treasurer