ACTIVITY FACILITATOR EMPLOYMENT AND TIME REPORT AUTHORIZATION

Original to: Gail Gutmann Payroll Supervisor

Date: _____

Copy to: Marilyn Molter Human Resources

Division: _____

From: _____

Phone Ext: _____

Please pay _____ Cosmo Id: _____

on _____ for services provided.

Account No. | | | | | |

fund **loc** **cc** **class** **project**

_____ ***Position #***

Gross amount to be paid: _____ for _____ hrs.

Activity description _____

_____

Activity Job Title _____

Start date: _____ **End date:** _____

_____ _____

Requested by Print Name **Authorized by Provost**

_____ _____

Requested by Signature **Authorized by President**

_____

Authorized by Print Name

_____

Authorized by Signature

Current Employee: _____ yes _____ no

If "No", complete the forms identified below.

Forms to be completed for new hires:

_____ **Employment Application
_____ I-9 Form
_____ W-4
_____ Employee Data Sheet

For Human Resources Only

Ptype _____ Pcode _____
Status _____ Benes _____
HR _____ Date _____

Revised 6/2/09