LIBRARY PAYROLL AUTHORIZATION REQUEST
PAR

Type of Action:
- ☐ Payroll Activation
- ☐ Payroll Termination
- ☐ Change in Pay Rate
- ☐ Change in Number of Hours
- ☐ Change in Student Status **Summer ONLY** (Full time or Part time)*
- ☐ Other Change _____

Name: _____
(Last) (First) (M.I.)

Social Security Number: _____

Department: _____ Supervisor: _____

Effective Date: _____ Pay Rate: _____

Estimated Number of Hours Per Week: _____

FTE: _____ Date of Last Library Employment: _____
(# of hours/40)

Address: _____

Phone No.: _____ Sex (circle one): M F

HEW Classification: (Please circle one or have student circle)
White (not of Hispanic origin)
Black (not of Hispanic origin)
American Indian or Alaskan Native
Asian or Pacific Islander Hispanic

Presently working for another department on campus?

☐Yes ☐No If yes, department name and number of hours: _____

Presently working for another department in the Library?
☐ Yes ☐No If yes, department name and number of hours: _____

Student School Status (Circle one): Full Time Graduate (9 hours) Full Time Undergraduate (12 hours)

Summer School Status (Circle one): FT Graduate FT Undergrad. PT Grad. PT Undergrad. No classes-Summer only

Account number if other than the General Account:

_____

If termination reason for leaving:

_____

_____
Authorizing Signature

* Requires new PAR when student resumes/reduces Full Time Student status.

PRINT **CLEAR FORM**