



125 College Drive  
Casper WY 82601

# Temporary Employee Authorization

**Instructions:**

1. Complete this form for ALL temporary employees and for less than half-time positions **EXCEPT** positions to be filled by student employees. (*Refer to Procedure #1400:01:02.*)
2. After approval by each successive supervisory level, forward this authorization to the **Office of Human Resources.**
3. Temporary employees are authorized to begin work **ONLY** after this form has been approved and returned to Human Resources, AND the employee has completed **I-9** and **W-4** forms.

Employee Name \_\_\_\_\_

Division or Department \_\_\_\_\_ Job Title \_\_\_\_\_

Employment Dates From \_\_\_\_\_ To \_\_\_\_\_ Hours per Week \_\_\_\_\_

Requested by \_\_\_\_\_

Justification of need \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Approvals:**

\_\_\_\_\_  
Division Chair/Department Head      Date

\_\_\_\_\_  
Director / Associate Dean      Date

\_\_\_\_\_  
Vice President      Date

\_\_\_\_\_  
Vice President, Administrative Services      Date

\_\_\_\_\_  
Director, Human Resources      Date

Human Resources Use:

SS # \_\_\_\_\_

Pay Rate \_\_\_\_\_

Starting Date \_\_\_\_\_

Hours per Week \_\_\_\_\_

Ending Date \_\_\_\_\_

Code \_\_\_\_\_