Temporary Employee Authorization

125 College Drive
Casper WY 82601

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 _____

Department or School _____ Job Title _____

Employment Dates From _____To _____ Hours per Week _____

Requested by _____

Justification of need _____

_____

_____

Approvals:

_____ _____
Department Head/Program Director Date

_____ _____
Director / Associate Dean / 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 _____