

Non-Student Part-time Employment Authorization Form

System Input Date/Initials
Input
Verified

TO DE COMPLETED DY EMPLOYEE	Authorizat	ion Form	verilled _	
TO BE COMPLETED BY EMPLOYEE Employee ID Number	Last·		First	Middle
• •	·			
Permanent Street Address:		City	State	Zip
Local Street Address:		City	State	Zip
Local Phone:				
Are you a minor (under 18?) Yes No Have you previously worked for EWU as a stude Have you previously worked for EWU as a non-s	ent employee? If yes, when? student employee? If yes, wh	en?		
Do you have a relative working at EWU?	s No Relationship, name,	and place of work		
You have been hired as a temporary emperiod from the original date of hire (exc Non-student employees. Special permises submitted to the Human Resources additional hours and days the employee ***Effective July 1, 2009 employees other than three hundred fifty (350) hours and consecutive months will be included in the	clusive of overtime). Sussion may be granted to Services Supervisor, and will work; (3) confirmate than students who have welless than one thousand for Washington Federations.	pervisors are responsional hour work additional hour dimust include: (1) region from supervisor to corked in temporary posifity (1,050) hours (exceptions)	sible for monitoring hors between 950 and 1,0 eason for the request; that employee will not estions performing barga lusive of overtime hours	urs worked by 50. Requests are to (2) exact number of exceed 1,050 hours. ining unit work for more in the proceeding 12
WFSE members are required to pay mo	nthly union dues.			
Social Security deductions are taken and retirement plan eligibility is determined by available for temporary, provisional and ter	percentage and duration of	of appointment. Sick le		
Appointments under the conditions of emp EWU Collective Bargaining Agreements ur paragraph above. If you believe the conditi knowingly participated in the violation of the WAC 357-19-450 of the civil service rules.	nless non-students meet the ons of your employment a ese rules, you may be elig Such requests must be fi	ne criteria of working m ire in violation of WAC jible to request remedia led within 30 calendar	ore than 350 hours as e. 357-04-045 and you hav al action pursuant to WA days after the effective d	xplained in the ve not C 357-19-448 and late of alleged violation.
As a temporary, part-time employee, yo you or your employing official.	ur employment or comp	ensation can be term	inated, with or without	cause, at any time by
I have read and understand the above stat	ement and I certify the ab	ove information is com	plete and accurate:	
Signature of applicant:				
TO BE COMPLETED BY THE DEPAR	RTMENT:			
Dept. Name	Dept. #	Index	Begin Date	End Date
Title (attach Job Description)	I	Position #	Pay Rate	Step:
Identify employee schedule (days per week/hours per day)		Working Days: (plea	use circle) M T W	
Does the job replace a classified employee Will this position, during the course of Univ vulnerable adults or children? Will this position, during the course of Univ of value? Yes No	ersity employment, be inv No	olved in: unsupervised	access to the developm	entally disabled,
Supervisor/employing official's signatur	re:			
Human Resources Signature:	Date:	Human Resources S	Phone Special Rate Signature:	Mail Code Date: