

NORWICH UNIVERSITY

AUTHORIZATION FOR EMPLOYMENT

Each section must be completed before final approval will be taken. **This completed and approved form, I-9, W-4 and a Human Resources Data Sheet must be received by Human Resources before a Payroll check will be issued.** Please call Human Resources for assistance.

DEPARTMENT: _____

BUDGET # CHARGED: _____

POSITION NUMBER: _____

TITLE: _____

FTE: _____

EMPLOYEE NAME: _____

ID# _____

MAILING: _____

ADDRESS: _____

PRIMARY CAMPUS WORK LOCATION:

___ **NORTHFIELD**

___ **OFF CAMPUS** (if off campus provide work address below)

ADDRESS _____

CITY _____

STATE _____ **ZIP CODE** _____

TYPE OF EMPLOYMENT: (Check one in each column)

| | | | |
|---------|------------|-----------|-----------|
| Current | Exempt | Regular | Full Time |
| New | Non-Exempt | Temporary | Part Time |

NON-EXEMPT STAFF:

Hourly Rate _____

Start Date _____

Hours/week: _____

Weeks/year _____

EXEMPT STAFF:

Period of Appointment _____

Work Schedule _____

Annual Salary _____

VSM RANK _____

SPECIAL PROVISIONS:

APPROVED _____
For the Department (Date)

APPROVED _____
Cabinet Member (Date)

Director Human Resources (Date)