

# ARKANSAS STATE UNIVERSITY

## Employment Authorization\*\*

Name \_\_\_\_\_  
Department \_\_\_\_\_  
Acct. Number \_\_\_\_\_  
Acct. Number \_\_\_\_\_

Date: \_\_\_\_\_  
Dept. Head \_\_\_\_\_  
Division Chair \_\_\_\_\_  
Vice Chancellor \_\_\_\_\_  
Chancellor \_\_\_\_\_  
Chief Fiscal Officer \_\_\_\_\_  
Human Resources \_\_\_\_\_

(\*\*Department is cautioned to check availability of salary funds before starting an individual to work.)

### RATE OF PAY:

Monthly \$ \_\_\_\_\_ Hourly \$ \_\_\_\_\_  
Semi-Mthly \$ \_\_\_\_\_ Annually \$ \_\_\_\_\_

### EFFECTIVE DATE:

Month\_ Day\_ Year \_  
Classification \_\_\_\_\_  
Work Week Hours \_\_\_\_\_  
Total Weeks Employed \_\_\_\_\_  
Item Number \_\_\_\_\_ Title Code \_\_\_\_\_

### CHANGE OF STATUS

Effective Date \_\_\_\_\_  
Old Rate \_\_\_\_\_ New Rate \_\_\_\_\_

### TERMINATION:

Effective Date:  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETIREMENT:** None [ ]  
APERS [ ] TIAA/CREF [ ] VALIC [ ]  
Teacher [ ] Contributory [ ] Non-Contributory [ ]  
**INSURANCE:** None [ ]  
Medical: [ ] Classic I [ ] Classic II [ ] POS  
[ ] Individual [ ] Family  
Dental: [ ] Ind. [ ] Ind. + One [ ] Family  
Supplemental Life: [ ]  
Supplemental LTD: [ ]