

LIBRARY PAYROLL AUTHORIZATION REQUEST
PAR

Change in Pay Rate/Hours

Name: _____
(Last) (First) (M.I.)

Person ID Number: _____

Personnel Number: _____

Department: _____

Supervisor: _____

Effective Date to Change: _____

New Pay Rate: _____

Estimated Number of Hours per Week: _____

FTE (# of hours/40): _____

Address: _____

Phone No.: _____

Presently working for another department on campus?

Yes No If yes, department name and number of hours: _____

Presently working for another department in the Library?

Yes No If yes, department name and number of hours: _____

Authorizing Signature

Printed Name