

Exception Hiring Authorization Form

New Hire
 Re-Hire
 Separation

*Employee Name _____ *ADP Dept ID _____
 *Home Department _____ *Effective Date: _____
 *Reports to: _____

*Please give a brief description of work to be performed: _____
 If separation, give brief explanation why: _____

* - denotes required field. Request will not be processed without this information

Occasional Worker - Occasional workers are paid via AGS. Separate paperwork is required to process payment.
 Pay Frequency: _____ Expected Duration of Assignment: _____

Multi-Incumbent Temporary Hire
 HRMS Position No. _____ e-Time approver (if different): _____
 Pay Rate: _____

Non-Paid Affiliate
 Expected Duration of Assignment: _____
 Professional Education Instructor

Comments: _____

Approvals

Supervisor: _____ Signature: _____ Date: _____
 Budget Office: _____ Signature: _____ Date: _____

HR Use Only Comments:
 Posn #: _____ Assigned by: _____ Date Assigned: _____ Emplid: _____ Entered by: _____ Date Entered: _____