



Temporary Employment Authorization Form

(Print on green paper)

Date of Request: _____ MTU ID#: _____

Name: _____
Last Name First Name Middle Initial

Department/Org: _____

Contact Person: _____ Phone: _____

- New Hire
(Requires Employment Packet)
- Former MTU Employee
- Current MTU Employee

- Extend End Date
- Change Check Dept: _____
- Index/Account No.
- Terminate Job: _____
(Provide end date)
- Change Pay Rate
- Additional Pay Rate
- Other: _____

Summary of Duties: _____

Start Date: _____ End Date: _____ Hourly Rate: _____

Contract Amount: _____ Contract Weeks: _____ Contract Hours/Biweekly: _____

Index: _____ Account #: P- _____ Time Sheet Org: _____

APPROVALS:

Department Head/Director: _____ Date: _____

Research Accounting: _____ Date: _____

HUMAN RESOURCES USE ONLY:

Position/Suffix: _____ Position Class: _____

Employee Classification: _____ Home Org: _____ Check Org: _____

Human Resources Approval: _____ Date: _____