***--IMPORTANT***--

**Employment Authorization**

# TO BE USED FOR CREIGHTON UNIVERSITY STUDENTSONLY

## DEPT. NAME DEPT. #

**FUND # \* ORGANIZATION # ACCOUNT #**

CHECK PAYMENT METHOD:

\*CONTROLLER’S OFFICE

Supervisors are required to obtain cosignature from the Controller on any hiring done under 200000 series funds. **Print** completed PR2S and forward to Controller.

HOURLY MONTHLY\*

\*IF MONTHLY, TOTAL

NUMBER OF PYMTS:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SEO COMMENTS | LAST, FIRST, MI | NET ID | INDICATE ACTIONS:* ENGAGE,
* DISENGAGE
* PAY RATE ADJ
* FUNDING CHANGE
 | $$ PAY RATE | STAFF MEMBER WHO WILL APPROVE TIMECARD : | EFFECTIVE DATE |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

**HIRED BY (PRINT NAME):**

Comments: Comments: Comments: Comments:

**DATE (MM/DD/YYYY):**

**phone :** **email: @CU**

**Processed by Student Employment staff: DATE:**