

Position Pre-Hire Authorization Form

Transaction number: _____ Request Date: _____

Department: _____ Date of Hire: ____/____/____

Job Title: _____ Supervisor: _____

New Hire: Replacement for pre-approved vacant position:

Status: Full or Part Time and Regular or Temporary

Pay Schedule: Weekly Bi-Weekly Semi-Monthly Monthly

Pay Rate: Hourly \$ _____

Hourly/Salary Payroll Expense Acct#: _____

Payroll Expense Title Description: _____

Dept. Head: _____ Date: _____

Controller: _____ Date: _____

Mayor: _____ Date: _____

HR Dept: _____ Date: _____