



EMPLOYMENT AUTHORIZATION

HOLY NAMES UNIVERSITY, Human Resources
3500 Mountain Boulevard, Oakland, California 94619

NEW HIRE

REHIRE

Employee's Name _____ Department _____

Date of Hire _____ Position Title _____

Street Address _____

City _____ Zip _____

Home Telephone _____ Work Telephone _____

Social Security Number _____

Date of Birth _____

SALARY

Annual Rate _____ Hourly Rate _____

Account # _____ Account # _____

Part-Time

Temporary

Non-Exempt

Full-Time

Regular

Exempt

Days and Hours _____

BENEFIT ELIGIBILITY

Full

Pro-Rated

No Benefits

CHANGE OF SALARY OR CLASSIFICATION

From: Position _____ Dept. _____

Annual Salary _____ Hourly Rate _____

Account # _____ Account # _____

To: Position _____ Dept. _____

Annual Salary _____ Hourly Rate _____

Account # _____ Account # _____

Effective Date: _____ Reason: _____

REQUIRED SIGNATURES

Area Vice President _____ Date _____

Vice President for Finance _____ Date _____

President _____ Date _____