ACTIVITY FACILITATOR EMPLOYMENT AND TIME REPORT AUTHORIZATION

Original to: Scott Olsen Payroll Coordinator					Date:	
From:				_	Division:	
					Phone Ext:	
Please pay					Cosmo Id:	
on					_for services provided.	
Account No.						
Gross amour	fund	loc	cc AMC	Class	project	for hrs. (MUST INCLUDE HOURS)
Activity desc	ription					
Activity Job	Title					
Start date:				-	End date:	
Requested by Print Name				-	Authorized by Provost	
Requested by	y Signature			<u>-</u>		
Authorized b	y Print Name			-		
Authorized b	y Signature			-		
Current Emplo	oyee:	yes		no	_	
If "No", compl	ete the forms io	dentified below				
Forms to be o	completed for ne	ew hires:				
**Employment Application I-9 Form W-4 Employee Data Sheet					Ptype Status HR	Pcode Benes Date