



MONTHLY HIRING AUTHORIZATION
(LIMITED ASSIGNMENT-LESS THAN 6 MONTHS\*\*)

MP01

PLEASE COMPLETE ALL PARTS AND FIELDS / INCOMPLETE FORMS WILL BE RETURNED

POSITION: [ ] COACH [ ] NON-CREDIT FACILITATOR/TEACHING [ ] ACADEMIC ADVISOR
[ ] STIPEND [ ] OTHER

PART I - To be filled out by the supervisor; Based on 8 hour day/40 per week; justification & brief description of duties to be performed and required qualifications must be attached; STIPENDS require written explanation including expected time commitment. Employees may not begin working until they have received a copy of this monthly hiring authorization with full approvals in Section IV below.

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Dept# \_\_\_\_\_

Project: \_\_\_\_\_ Acct: 60254

Period of employment: (less than 6 months) FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_

Check One:

[ ] 1. Hourly; may not exceed 29 hrs. Per wk. (or 125 hrs. /month) and must be less than 6 months duration

Hourly Rate: \$ \_\_\_\_\_ Estimated Hours per Week: \_\_\_\_\_ (Weekly Time record card required)

[ ] 2. Per Diem (non-HBS); \*\*may not exceed 44 total days in a less than 3 month period

Per Diem Rate: \$ \_\_\_\_\_ Estimated Hours/Days per Week: \_\_\_\_\_ (Weekly Time record card is required)

[ ] 3. Stipends; may not exceed 5 installments:

Total Stipend: \$ \_\_\_\_\_ Number of Installment Payments: \_\_\_\_\_ @ \$ \_\_\_\_\_ each

REQUIRED: Employee needs (check all that apply): [ ] Parking Pass/RIC ID [ ] Email [ ] None [ ] ID/Email already exists

Print name of supervisor who will be responsible for approving timesheets (cannot be same as employee): \_\_\_\_\_

Note: Supervisor is responsible for notifying Payroll and Human Resources immediately upon any change in the employee's status or for unsatisfactory behavior or performance of job duties. Monthly checks are issued on or about the 25th of ea. month.

PART II - To be filled out by employee

Existing PeopleSoft ID: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

[ ] Yes / [ ] No This is my first monthly payroll contract with RIC? If you checked YES, you will be required to complete additional employment forms. If you checked NO, do you have a gap of 3 or more years in monthly employment with RIC? [ ] Yes / [ ] No

[ ] Yes / [ ] No I am an ERS Retiree collecting benefits; I understand all earnings must be reported to ERS (contact HR)

[ ] Yes / [ ] No I am currently working in another department at RIC and/or URI and/or CCRI. If you checked yes, also answer the following: Number of hours working per week or FLH \_\_\_\_\_; School name, Department Name and Supervisor: \_\_\_\_\_

I understand that as an internal monthly payroll employee my assignment may be terminated prior to the end of the authorized period for any reason including but not limited to College priorities, fiscal constraints, job performance, or unacceptable behavior. I understand that I have a continued duty to disclose any information that may impact my employment or my employer. If I work for multiple departments, I understand that total weekly or monthly hours may not exceed the total hours stated in Part I for type of payment selected without HR prior approval. I understand that monthly checks are issued on or about the 25th of ea. month. I further agree and accept all the terms of employment specified in Part I above and any applicable policies governing my employment.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

PART III - To be completed by HR: FLSA status: [ ] Exempt [ ] Non-Exempt; ERS work status: [ ] Eligible [ ] Not Eligible

PART IV - Please sign and forward completed form to next Approver:

Department Chair/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/AVP: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Office: \_\_\_\_\_ Date: \_\_\_\_\_

President or Divisional Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: Accounting (Original), Human Resources, Budget Office, Initiating Department, Employee

12/18

Entered by: \_\_\_\_\_ / Audited by: \_\_\_\_\_

# Monthly Hiring Authorization Limited Assignment Form Instructions

The Monthly Hiring Authorization Limited Assignment Form MP01 is to be used to authorize reimbursement for specific short-term work assignments over a period of less than 6 months or stipends. Short-term assignments may include administrative projects, research, coaching, academic advising; workshop facilitators, etc. Employees paid a stipend may include department chair assignments, research, non-credit teaching, etc. Monthly stipend payments may not to exceed 5 equal payments for the duration of the assignment.

**Hourly and Non- HBS Per-Diem assignments are non-renewable prior to 12 months from the most recent date of hire. Hourly employees may not exceed 29 hours per week (or 125 hours per month). \*\*Per-Diem employees may not exceed 44 total days in a less than 3 month period. Stipends may be renewed with prior approval. All payments regardless of terms of employment will be monthly. Other limitations may apply, if employee is working multiple jobs.**

Authorizing supervisors will have direct responsibility for monitoring the employee's behavior and performance of the authorized work assignment and immediately report any change in employment status, unacceptable behavior, or failure to adequately perform job tasks to the Human Resources. Changes in employment status should also be reported to the Payroll Office in order to prevent overpayments or erroneous payments.

**IMPORTANT NOTE:** ANY terminations of employment MUST be discussed with HR and approved prior to any action taken.

## Procedure:

### Part I:

The hiring supervisor is required to complete all information in Part I and sign and date the form. All rates of pay and anticipated hours of work must be noted. Employees that will be paid either hourly or Per Diem will be required to complete and submit a record of hours/days worked each week. Stipends may not exceed 5 installments and do not require time reporting, however,

In addition, the hiring supervisor must attach the following:

1. Justification for hiring.
2. Brief description of the job duties to be performed and required job qualifications.
3. Stipends explanation (if applicable) including expected time commitment

Send completed forms to the Office of Human Resources.

**IMPORTANT:** If the supervisor is also the payee, someone other than the supervisor **must** be responsible for approving timesheets.

### Part II:

The RIC employee is required to complete all information in Part II and sign and date the form and return to hiring Supervisor.

### Part III:

The Human Resources Department will verify FLSA status and if applicable, ERS eligibility to work, ERS reporting requirements and where applicable eligibility to work multiple assignment.

### Part IV:

All applicable approvers must sign and date before the candidate can be hired and start work.

Two copies of the approved form will be returned to the originating department (1 copy for the department and 1 copy for the employee).

*Any questions regarding completion of the form or FLSA status should be addressed to the Office of Human Resources. Upon completion of the form a copy will be returned to the initiation department and employee.*