AUTHORIZATION TO HIRE FORM

CABRINI UNIVERSITY
1957

1. Employee Information

Last Name, Suffix	Current or Past Cabrini Employee		Banner ID# (if current or past employee)
	New Employee To Cabrini		
	Student		
Prefix, First Name, Middle Initial			
Employee's Campus Mailing Address (Location)			
Employee's Campus Phone Number	**REMEMBER TO ATTACH: SIGNED APPLICATION, RESUME, CANDIDATE EVALUATION FORM, REFERENCE CHECK**		
Employee Start Date			

2. Funding

Has funding source (fund/org./acct.) changed for this position? ☐Yes ☐No   **100% Grant funded**   Yes ☐   No ☐

If "Yes", attach a Personnel Budget Transfer Request

Fund Code - Org Code - Acct Code

3. Position Information

Position No	Annual Salary	Start Date
Position Title	Hours per Pay Period	
Home Organization(Number) / Home Organization Name	Hourly Rate	

4. Approvals

	Signature	Date
Hiring Manager Print Name		
		Phone
Vice President Print Name		
Human Resources Print Name	Signature	Date
Controller Print Name DIANE SCUTTI	Signature	Date
VP Finance Print Name	Signature	Date