



Authorization to Hire Form

1. Employee Information	Last Name		Social Security Number		<input type="checkbox"/> New Employee To Drexel
					<input type="checkbox"/> Current or Past Drexel Employee
					<input type="checkbox"/> Student
	First Name				
	Middle Name				
Prefix			Suffix		
Employee Start Date					

2. Funding	Has funding source (fund/org./acct.) changed for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No 100% Grant funded <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If "Yes", attach a Personnel Budget Transfer Request				

3. Position Information	Position No		Supervisor's Position No		Annual Salary		Contract Start Date	
	Position Title				Hours per Pay Period		Contract End Date	
	Time Sheet Organization No.		Time Sheet Organization Name		Hourly Rate			
	Home Organization(Number)		Home Organization Name		Check Distribution Organization			

4. Sign-offs	P.I./Cost Center Administrator		Signature		Date	
	Print Name					
					Phone	
Director/Dean		Signature				
Print Name						
Vice President		Signature				
Print Name						