



Employee Authorization Form

Please print legibly. Items marked with * will be used for employee verification during onboarding.

Employee Legal Name*: _____

Street Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Phone Number*: (____) _____ Email*: _____

Request to hire for the position of: _____

Primary GL Code: _____ Primary PM Code: _____

Secondary GL Code: _____ Secondary PM Code: _____

Note: All employees will automatically have their department's leave code added (XXX-410). If more codes are needed, please fill out the "Employee Payroll Code Update Form".

Circle all that apply:

Full Time Part Time Seasonal/Temporary Permanent New Hire Re-Hire

Rate of pay (Choose one):

Hourly: \$_____ per hour

Salary: \$_____ per year

Pay Grade and Step:

Today' Date: _____ Estimated Start Date: _____

Method of Selection (Choose one): Open Comp Promotion Re-Hire Other

Note reason if "Other" is selected: _____

Interview Form Completed? ____ Yes (attach) ____ No

New Position? ____ Yes ____ No Budgeted? ____ Yes ____ No

If new or not budgeted, please explain: _____

I agree to conduct myself in a manner worthy of employment by Chehalem Park and Recreation District, and I acknowledge that I have access to all the rules and regulations pertaining to employment with the District. I have been given opportunity to ask questions and am satisfied; all procedures are clear and understood. I realize that failure to adhere to policies and procedures could result in termination. I also agree to complete all forms necessary for employment within 48 hours and understand the schedule for paychecks to be issued and my responsibilities to receive a paycheck. I also have had any applicable benefits explained and am aware of my eligibility. I understand the organizational chart and who my immediate supervisor is.

This job offer and its start date are contingent upon my background screening, reference screening, and completion of all necessary employment paperwork including, but not limited to, filling out all required documents online and providing in-person legal identification to complete my I-9.

My primary duties include, but are not limited to: OR Attached Job Description

Employee Signature: _____

Hiring Supervisor Signature: _____ Date: _____

For Administrative Office use only

Date paperwork is received by Administrative office for processing: _____

Background check needed? Yes No If Yes, date sent: _____

Superintendent Signature: _____ Date: _____

Administrative Signature: _____ Date: _____