

# Employment Authorization Form

## Employee Information

Name:	Soc. #:
Phone:	Address:
City/State:	Zip:

## Position information

Choose all that apply: <input type="checkbox"/> New Hire <input type="checkbox"/> Change of Position <input type="checkbox"/> Supplemental If supplemental, choose one: <input type="checkbox"/> 1 time <input type="checkbox"/> Recurring		
Position Title:	Full Time: <input type="checkbox"/> YES <input type="checkbox"/> NO	
District/Agency/ Project Name or ESC Dept	Work Location (Building Name)	
Is certification/licensure required for this position? <input type="checkbox"/> YES <input type="checkbox"/> NO Certificate/License/Permit Number:		
Type:	Issue date:	Expiration Date:
(For multiple licenses please include this information on an attached sheet)		

## Salary Information

<b>Salary Schedule:</b>	
<input type="checkbox"/> ESC Administrator	<input type="checkbox"/> COG Administrator
<input type="checkbox"/> ESC Non-teaching, Non-administrator	<input type="checkbox"/> COG Non-teaching, Non-administrator
<input type="checkbox"/> ESC Teaching	<input type="checkbox"/> COG Teaching
<input type="checkbox"/> Stack <input type="checkbox"/> CC <input type="checkbox"/> ED	<input type="checkbox"/> CBT <input type="checkbox"/> MD <input type="checkbox"/> Preschool
<input type="checkbox"/> Member District/Agency (please attach appropriate schedule to form)	
<input type="checkbox"/> Other (please explain):	
<b>For employees on a salary schedule above</b>	
Salary:	Daily Rate:
Salary Step:	Column on Salary Schedule:
Number of pays	
<input type="checkbox"/> 1 pay	<input type="checkbox"/> 24 pays <input type="checkbox"/> Other (please specify)

**Education Credit - Check the appropriate level for position (with the exception of Teachers):**

- 30sem/45qtr hrs     60sem/90qtr hrs     90sem/135qtr hrs     BA     MA  
 MA+15sem/23qtr hrs     MA+30sem/45qtr hrs     MA+45sem/68qtr hrs     Ph.D.

**Contract Information**

Contract Length: <input type="checkbox"/> 1 yr. <input type="checkbox"/> 2 yr. <input type="checkbox"/> Partial yr. <input type="checkbox"/> Other		
Contract Start Date:		Contract End Date:
First day to report to work (Date):		# Days in Contract:
<b>Work Hours (include Start time &amp; end time)</b>		
	start time:	end time:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Other (please explain below)		
Notes:		
Health Benefit Eligible: <input type="checkbox"/> YES		<input type="checkbox"/> NO
# of Vacation Days:		# of Personal Days:
Other:		

<b>To be completed by ESC Human Resource Coordinator:</b>
Choose one: <input type="checkbox"/> ESCCO <input type="checkbox"/> Agency <input type="checkbox"/> Contracted Service <input type="checkbox"/> Other
Choose one: <input type="checkbox"/> STRS <input type="checkbox"/> SERS
Special Instructions:

Name of Hiring Administrator:

Date:

**Return this completed form to:**    **Human Resources Office**  
**2080 Citygate Drive**  
**Columbus, OH 43219**

**By fax:    614-445-3767**