

CWA – SEIU - SECURITY

TO BE FILLED OUT BY THE HIRING SUPERVISOR

EMPLOYEE NAME: _____

JOB TITLE: _____

POSITION # : _____ CWA LEVEL: _____

HIRE/TRANSFER DATE: _____ PROBATION END DATE: _____

TOTAL HOURS PER WEEK: _____ # of MONTHS: _____

BUILDING: _____ ROOM: _____ PHONE EXT#: _____

WORKDAYS:	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
SHIFT START TIME:							
SHIFT END TIME:							

SALARY RATE*: \$ _____ AFTER PROBATION: \$ _____
 OVERTIME RATE: \$ _____ SHIFT DIFFERENTIAL: \$ _____

*Regular pay dates for this position are bi-weekly every other Friday.
 Please see the payroll calendar at <http://www.marist.edu/payroll/pdfs/bipayrollsched.pdf>

APPROVALS:

I hereby certify that I have read the above and the information contained in this form is true and accurate to the best of my knowledge and belief. Any false statements knowingly made are punishable as a class A misdemeanor (Section 210.45 of the New York State Penal Law).

_____ Supervisor Signature	_____ DATE
_____ Line Executive Signature	_____ DATE
_____ Vice President for Business Affairs Signature	_____ DATE
_____ Assistant Vice President, Human Resources Signature	_____ DATE
_____ Executive Vice President Signature	_____ DATE

I hereby acknowledge that I have been notified of my wage rate, overtime rate, and designated pay day on the date set forth below.

_____ Employee Signature	_____ DATE
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