Museum of Fine Arts, Boston Employment Authorization & Change Form

Instructions:

In Section 1, include the employee's name, cost center or department number, current department name, current position title/ position, and effective date. The effective date is usually a future date on which the changes will occur. Check the box to indicate hire, rehire, reinstatement, second job, or change.

In Section 2,indicate what the change or changes should be. Please be mindful that one change, such as increase in hours, may necessitate other changes.

<u>All forms</u> must be signed off on by the Manager or Department Head. New hires, rehires, second jobs, and all salary adjustments must be accompanied by a staffing requisition with the appropriate signatures.

SECTION 1			Current D	on ortmon	4					
Name										
Effective Date			Current Ti	tle/ Positi	on					
New Hire Rehire		Reinstate	Reinstatement		Second Job		Change			
SECTION 2										
Position					_ G	Grade			Hours per Week	
Exemption	Exempt	Non-Exempt								
Classification	Regular F-T	Regular P-T	Term F-T	Term	P-T	Temporary	On	ı-Call		
Payroll	Weekly	Bi-weekly								
Classifi	cation Code	Non-Union Codes	6000	6001	6002	6003	6004	6005		
		Union Codes	6010	6011	6012	6013	6014	6015		
Union	ATC	MISU	UAW		Non Unio	on				
Department Name			De	Dept No Cost Center						
Supervisor			ADP Tim	ecard Sig	gnatory (if different t	from Su	upervisor))	
Term or Tempora	ary End Date (i	f applicable ⁾								
Salary/Wage	Hourly		Annual							
Sal. Change Reason		Adjustment/Promo	. Increase w Est End Date				End of Temp. Increase			
Benefits Full Vacation: Sick:		5 Weeks	Not Eligible 4 Weeks 6 Days		3 Weeks 2 Weeks Prorated (Mass Sick Leave)			Not Eligible		
Notes/Comments	S:									
									HR Use Only:	
Dept. Head / Manager					Date				ADP	
HR Director					D (Oracle	