

# JAF-M Monthly Payroll Job Authorization/Change Form Instructions

**PCC is an Equal Opportunity Employer and is committed to a policy of nondiscrimination for all people regardless of race, color, religion, gender, age disability or national origin.**

This form is to be used for authorizing pay for full time/part time benefited job assignments.

Mark one of the boxes to inform Human Resource Information System (HRIS) what action is being taken. Supporting employment documents need to be attached to this form when submitted for new hires; I-9, W-4, Application and Employment Information Form (EIF).

The following information must be provided:

Social Security Number	Number that appears on employee's social security card or from their completed W-4.
Name	Legal name as appears on employee's social security card.
Position No.	Use Banner form NBIPORG for your department's approved position numbers.
Suffix No.	'00' is always used for benefited employee groups.
Department ORG Code No.	The department organizational code where the employee is working, such as S80100 - Human Resources Dept.
Work performed from/to	The first day work is to begin. Only enter an end date if the job is temporary, otherwise it will be assumed that the job is on-going. If an end date is entered, all pay/benefits will cease on this date unless another authorization is received to continue the assignment.
Desc of work	Complete this field only if the official Banner position title (NBAPOSN) does not fully describe the work performed.
LOA Replacement	Provide the name of employee that is being replaced, if applicable.
Temporary Job	This doesn't necessarily refer to temporary funding. Read the bargaining unit agreements for situations where temporary jobs are appropriate. Temporary jobs are only allowed for a maximum of 2 years. Circle whether this person received a direct appointment or was selected through a formal recruitment process.
Job Employee Class	The employee class for this position is available in Banner form NBAPOSN.
Salary Table	The salary grade/level code for this position is available in banner form NBAPOSN.
Grade/Level	The salary table code for this position is available in banner form NBAPOSN.
Step	Refer to the bargaining unit agreement or Management & Confidential Handbook for explanations and conditions for determining step placement.
Comment	Complete if additional information is needed.
Hourly Rate/Annual Salary	Refer to the bargaining unit agreement or Management/Confidential Salary Schedule for current salary schedule.
FTE	Full Time Equivalency (as budgeted).
# of Hours/# of Days	Only needed for hourly or daily rate benefited jobs.
Immediate Supervisor	Needed if supervisor is someone other than the authorized signature.
Work Schedule	PCC is required to have a current work schedule on file. A work schedule of Monday through Friday, 8:00am to 5:00pm will be assumed unless noted otherwise.
Campus, Center or Job Location/Bldg/Room	Needed only for new hires or changes. Information provided will be entered into Banner form PPAIDEN.
Campus Telephone	Needed only for new hires or changes. Information provided will be entered into Banner form PPAIDEN.
Immediate Supervisor	Person providing direct supervision of employee.
Completed by	Person completing this form who may be contacted if additional information is needed.
Authorized Signature	Person who has been given budget expenditure authority by their Campus President.

Monthly Payroll - Job Authorization/Job Change Form

(Use for full time/part time benefited employee jobs only)

PORTLAND COMMUNITY COLLEGE Human Resources Department

- Checkboxes for New Employee, Change of Primary Job, Change of FTE/Work Schedule/Shift Change, and Other (Explain)

ID NAME

Position No. Suffix 00 Department ORG Code No.

Work performed from: to: (only enter "to" date if for temporary job)

Description of Work (if title does not fully describe job in NBAPOSN)

LOA Replacement? Temporary Job? If yes, replacing If yes, year 1 or 2 Direct Appointment or Recruited

Job Assignment Employee Class Salary Table Grade/Level Step

Comment, if needed

Hourly Rate/Annual Salary \$ FTE

If Hourly or Daily rate job provide, # of Hours or # of Days

Work Schedule - if other than 8:00 am to 5:00pm, Monday-Friday:

Complete for Classified and Confidential Employee Classes Only. Circle regularly scheduled days and indicate start and end times.

Table with columns M, T, W, Th, F, S, Su and rows Start, End. Includes Shift options: Swing, Night, Split.

Campus, Center or Job Location if other than PCC Campus/Bldg/Room

Campus Telephone

Immediate Supervisor Ext. Completed By Ext Date Authorized Signature Date

FOR HUMAN RESOURCES USE ONLY Banner Entry Date Shift Code FTE of Position Rate/Salary \$ Labor Dist Acct

Distribution: Submit for signatures to HR using PASS AODocs process. As per HR Form Routing Guide.