

**Shoreline Community College
Hourly Employee Hiring Authority
And
Eligibility to Work Authorization**

The following individual has been determined qualified to fill the position of

_____ beginning _____

Job title

date

_____ SSN: _____

Name

Social Security Number

Rate of Pay: \$ _____ Hours/Days of Work: _____

Hiring Authority's Signature

Date

.....

The individual named above _____
First Middle Last

has completed the *Shoreline Community College Hourly Employees Hiring Information and Instruction* packet _____.

And I hereby verify that these documents belong to the new employee by virtue of meeting with this individual and personally viewing his/her documents while in the possession of the above referenced individual.

This form is being included with the new hourly employee's hiring paperwork and transmitted to Human Resources.

Signature of Verification Preparer

Date

Hourly Employee Verification Form