



COAHOMA COMMUNITY COLLEGE

On a mission...

New Employee Form

(To be completed by department Director/Dean)

Employee Name _____ ID Number _____

Position _____ Department _____

Start Date _____

If replacing an employee, list former employee name and ID number:

Former Employee Name _____

ID Number _____

Compensation Information

Fund Account Number _____

Full-time _____ Part-time _____ Temporary _____ Special Project _____

Annual Salary \$ _____

Hourly Rate \$ _____ (Only if Part-time)

Number of Hours Per Week _____

Installments: 12 _____ 24 _____

Authorized Signatures

Director

Date

Dean

Date

Federal Programs (if applicable)

Date

Chief Financial Officer

Date

For Personnel/Payroll Use

Employee Services Received by _____

Date _____