



CARF

Contract Authorization Request Form Fort Lewis College

This form must be completed in blue or black ink – not pencil.

Employees are not authorized to begin work until all required signatures, background checks, hiring paperwork have been completed. (includes I-9 documentation with original (no photocopies) and un-expired identification)

Today's Date: _____

Revision of Original CARF Dated: _____

STUDENT

NON-STUDENT

Employee to Complete (Please Print)

Name: _____

Last 4 of FLC ID#: _____

Email Address: _____

Phone Number: _____

Supervisor to Complete (Please Print)

Job Title of Hourly Employee: _____

Start Date: _____

End Date: _____

Supervisor's Name: _____

Department: _____

Phone Number: _____

Org Number: _____

Hourly Rate: \$ _____

Raise? _____

If raise is checked give effective date: _____

Hours per week (Average): _____

While registered and taking classes, students who work more than 20 hours per week risk losing their exempt status with the IRS.

Approvals (Signatures)

Employee

Date

**(If grant funded) Shannon Malone*

Date

Supervisor

Date

*****Email completed form to ecarfs@fortlewis.edu or drop off at Human Resources (210 Berndt Hall)*****

Office Use Only

Entered By

Date