

THE CITY OF ANDERSON, SOUTH CAROLINA

PERSONNEL DEPARTMENT

EMPLOYMENT AUTHORIZATION

Please Process for Hiring:

Name_____

Position Title_____

Department_____

Date of Hire_____

Job Status:

_____ Full Time

_____ Temporary

_____ Seasonal

_____ Part Time

_____ Temporary/Full Time

_____ Temporary/Part Time

Pay Status:

_____ Minimum

_____ Minimum + 5%

_____ Other (explain)_____

DEPARTMENT HEAD SIGNATURE

DATE

DIVISION HEAD SIGNATURE

DATE