

EMPLOYMENT AUTHORIZATION FORM

JUSTICE ADMINISTRATIVE COMMISSION

227 N. BRONOUGH STREET, SUITE 2100

TALLAHASSEE, FL 32301

OFFICE AND CIRCUIT: _____

I. EMPLOYEE INFORMATION

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

GENDER: _____ EMPLOYEE ID NUMBER: _____ RACE: _____

ADDRESS: _____

II. POSITION INFORMATION

DATE OF HIRE: _____ FTE: _____ COUNTY: _____

MONTHLY SALARY: _____ ANNUAL SALARY: _____

POSITION TITLE: _____ CLASS CODE: _____

ORG CODE (11 DIGITS): _____ POS. NO.: _____

FLAIR ACCOUNT CODE (29 DIGITS): _____

POSITION PREVIOUSLY OCCUPIED BY: _____

III. CHECKLIST

Position Description _____ (NOT NEEDED IF POSITION DESCRIPTION DOES NOT CHANGE)

FRS Certification Form _____

Social Security Card _____

W-4 Form _____

IV. APPROVED BY

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____