

## New Employee Authorization Form

Employee Name:	SS#:	Banner ID: @	
Mailing Address:		Phone #:	
City:	State:	Zip Code:	
NMHU Username:	NMHU Office Ext.	: Department:	
	he employee is responsible for over may be allowed up to two (	obtaining a clearance form and the 2) hours of administrative leave to	
any wages or other monies of debts include but are not lift repairing or replacing any Un I may damage, lose, fail to overpayment of wages; and the not applied. If the foregoing repay the remaining balance final day of my active employed debt, then I further agree and	wed to me by the University a mited to: loans made to me iversity equipment, materials to return, or take without ne value of any time off for all deductions are not made for in cash or by certified or cament. If I fail for any reason I promise to pay the University in collecting the unparticular to the series of the collecting the unparticular to the series of the unparticular to the series of the unparticular the unparticular to the unparticular the unparticular to the unparticul	ebts owed to the University from t the time of my separation. My by the University; the cost of , supplies, or other property that appropriate authorization; an osences to which paid leave was r whatever reason, I promise to ashier's check not later than the to make timely repayment of the ty the reasonable costs and fees, id balance, including collection	
NOTE: Final Paycheck from N your bank or financial institution	New Mexico Highlands Universation; unless, the employee has submock must be picked up from the	ity will not be directly deposited to hitted a completed clearance form to Human Resources Office, or it can	
		nte form returned to Human Resources	
Employee Signature	Human R	esources Signature	
Date	 Date		