Date: ____________________

Department: ____________________________

Account: ____________________________

The following signatures are authorized to approve Student Assistant (SA) and College Work Study (CWS) student employee timesheets for the above named department. If your department has multiple accounts complete a separate form for each account.

Signature of Department Head:  
(Print/Type name underneath)  
______________________________

Title: ____________________

Authorized Signatures:  
(Print or Type name underneath)  

1. ____________________________  
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2. ____________________________  
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3. ____________________________  
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Title: ____________________

Authorized for:  
SA  CWS

Please forward completed form to the Payroll Office, Cleveland Hall 408.