

COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK  
STUDENT FINANCIAL SERVICES/ FEDERAL WORK-STUDY PAYROLL

**SIGNATURE AUTHORIZATION**

CLOCK NUMBER \_\_\_\_\_

DEPARTMENT NAME \_\_\_\_\_

DEPARTMENT 5-DIGIT NUMBER \_\_\_\_\_

DEPT CHECK SEQUENCE CODE \_\_\_\_\_

**Departmental Administrator**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Mail Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

**Departmental employee responsible for the processing of Federal Work-Study payroll**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Mail Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

**TIMESHEETS AUTHORIZED SIGNATURES**

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Director or Chairperson

Date Submitted

**This authorization supersedes all others.**