

COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

FEDERAL WORK-STUDY PAYROLL

SIGNATURE AUTHORIZATION 2009-2010

Student name: _____ UNI: _____
Agency Name: _____
Address: _____
Phone Number: _____

AGENCY EMPLOYEES AUTHORIZED TO SIGN STUDENT TIMESHEETS

If the employee's address and telephone number differ from the agency's, please indicate so below.

1.	Print first and last name: _____ Signature (<i>required</i>): _____ Address (<i>if different from above</i>): _____ Telephone (<i>if different from above</i>): _____
2.	Print first and last name: _____ Signature (<i>required</i>): _____ Address (<i>if different from above</i>): _____ Telephone (<i>if different from above</i>): _____
3.	Print first and last name: _____ Signature (<i>required</i>): _____ Address (<i>if different from above</i>): _____ Telephone (<i>if different from above</i>): _____

Director or Chairperson (*print name*): _____

Signature (*required*): _____

Date submitted: _____

This authorization supersedes all others.

DEPARTMENT OF FIELD EDUCATION

1255 Amsterdam Avenue, New York, NY 10027 212 851-2307