

# COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

FEDERAL WORK-STUDY PAYROLL

## SIGNATURE AUTHORIZATION 2011-2012

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

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