

STUDENT EMPLOYMENT AUTHORIZED SIGNATURE FORM

In an effort to assure that paperwork is signed by authorized personnel from your department/site, please complete this form and return it to the Student Employment Office (SEO). <u>If more than one designee is needed for the same department/site please complete a change of authorized signature form to add a signature to your department/site file.</u>

If you have any questions or concerns, you may contact Student Employment at (951) 571-6252.		
Academic Year 20/20	0	
Name of Department/Site		Date of Authorization
**************************************	**************************************	***************
		paperwork on a regular basis .
Name of Designee	(Please type)	Signature of Designee
*********	**********	*****************
Temporary/Emergen	cy Authorization	
e e e e e e e e e e e e e e e e e e e	ey and the above designee and sed to approve and sign paper (Please type)	d the approval signer are not available for signature, the rwork as an alternate . Signature of Designee
Traine of Beorginee	(Freuse type)	digitative of Designee
*********	*********	******************
Approval Signature		
By signing below, I authorize my department or worksite.		ove and sign paperwork necessary in employing students in
If the above names change,	please request a "Change of	f Authorized Signature" form.
Name of Dean, Director, M	anager, (Please type)	Signature of Dean, Director, Manager,
Principal, Asst. Principal, D		Principal, Asst. Principal, Dept. Head.