

2009 - 2010 Signature Authorization
California State Polytechnic University, Pomona
Federal Work Study Program
Office of Financial Aid & Scholarships

-
- This form is used to verify supervisor's signatures on student pay vouchers. Only the signatures that appear below will be accepted. Any signature not on this form will invalidate the pay voucher and it will be returned. A new form must be completed upon any change in staff.
 - Please type name and title. Signatures must be in ink; signature stamps are not allowed. Each category must be completed and a signature entered.
-

AGENCY _____

ADDRESS _____

PHONE # _____

Immediate Supervisor

Name Title Signature

E-Mail Address: _____

Person(s) authorized to sign in absence of immediate supervisor:

Name Title Signature

E-Mail Address: _____

Name Title Signature

E-Mail Address: _____

Agency Director

Name Title Signature

E-Mail Address: _____

Person (s) authorized to sign in absence of agency director:

Name Title Signature

E-Mail Address: _____

Name Title Signature

E-Mail Address: _____