

Signature Authorization Sheet (2011-2012)

ORGANIZATION NAME: _____

PERSONS AUTHORIZED TO SIGN WORK-STUDY PARTICIPANTS' TIME SHEETS

A minimum of two authorized signatures are required per participating organization (One signature must belong to the person who signs the Work-Study agreement).

Telephone: _____ FAX: _____

(Please enter your handwritten signature inside of box below)

Type Name/Title: _____

Type Name/Title: _____

Type Name/Title: _____

Type Name/Title: _____