

**STUDENT TIME RECORD/STUDENT ASSISTANT  
APPOINTMENT SIGNATURE AUTHORIZATION**

**The supervisor and signature authorization for Student Assistant (SA) and College Work Study (CWS) employees will be defaulted to the department chair or department head.**

If additional department staff are to be given supervisor authorization or prior authorization is to be removed for Time Record approval and/or Student Assistant Appointment approval, please complete the below information.

Note - authorization to hire students for College Work Study must go through the Financial Aid department.

Department Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

<input type="checkbox"/> Add <input type="checkbox"/> Remove	Time Record: <input type="checkbox"/> SA <input type="checkbox"/> CWS	SA Appointment Authorization: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ <i>(print name)</i>	_____ <i>(signature)</i>	

<input type="checkbox"/> Add <input type="checkbox"/> Remove	Time Record: <input type="checkbox"/> SA <input type="checkbox"/> CWS	SA Appointment Authorization: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ <i>(print name)</i>	_____ <i>(signature)</i>	

**I authorize those listed above permission to review and approve Student Assistant and/or College Work Study time records, and/or Student Assistant Appointment Forms, or prior authorization is to be removed as noted above.**

Authorized Signatory: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Ext. \_\_\_\_\_

**Please submit completed form to the Payroll Department, HAB 301. Changes will go into effect upon receipt in the Payroll Department.**