

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). 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.

11 you have any questions of concerns, you may contact Heatner Trates at (931) 222-8291.		
Academic Year		
Name of Department/Site		Date of Authorization
**************************************		**********************
The following person is auth	orized to approve and sign	paperwork on a regular basis .
Name of Designee	(Please type)	Signature of Designee
**************************************		************************
In the event of an emergency following person is authorized		d the approval signer are not available for signature, the rwork as an alternate .
Name of Designee	(Please type)	Signature of Designee
**************************************	*************	**************************************
By signing below, I authorize my department or worksite.	the persons above to appro	ove and sign paperwork necessary in employing students in
If the above names change, p	olease complete an " Add/C	change of Authorized Signature" form.
Name of Dean, Director, Ma Principal, Asst. Principal, De		Signature of Dean, Director, Manager, Principal, Asst. Principal, Dept. Head.