

2024-2025

DEPT: _____

Student Employment - Authorized Signature Form

Please list responsible authorized personnel, their title, and secure their signature. Each listed individual must provide their department's **Activity Code, Department Program Code, and Organization Budget Index**. Check each activity they are authorized to perform [Student Employment Job Request Forms, Student Employment Authorization Forms (SEAFs)—Termination, Student Adjunct Payments, Account Changes, etc.].

Type/ Print Name	Title	Signature	Activity Code (2-digit)	Dept Program Code (5-digit)	Budget Index (6-digit)	SEAF's	Pay Rate Change	Account Change	Student Adjunct	Job Request
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Special consideration/circumstances/other (please specify):

APPROVAL: _____
Center Dean or Vice President (PRINT NAME) Signature Date