

COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

FEDERAL WORK-STUDY PAYROLL

TIMESHEET SIGNATURE AUTHORIZATION FORM

AGENCY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

Agency employee(s) authorized to sign Federal Work-Study student timesheets:

If the employee's address and telephone number differ from the agency's, please indicate so below.

1. Print first and last name: _____

Signature (*required*): _____

Address (*if different from above*): _____

Telephone (*if different from above*): _____ Email: _____

2. Print first and last name: _____

Signature (*required*): _____

Address (*if different from above*): _____

Telephone (*if different from above*): _____ Email: _____

3. Print first and last name: _____

Signature (*required*): _____

Address (*if different from above*): _____

Telephone (*if different from above*): _____ Email: _____

Education Coordinator (*print name*): _____

Signature (*required*): _____

Telephone: _____ Email: _____

Date: _____

This authorization supersedes all others.

SCHOOL OF SOCIAL WORK
DEPARTMENT OF FIELD EDUCATION

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