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| **CENTRE/DEPARTMENT:** |  |
| **MANAGER/LEADER:** |  | **EXT.:** |  |
| **PAYROLL CONTACT FOR CENTRE/DEPARTMENT:** |  | **EXT:** |  |
| **AUTHORIZED SIGNING OFFICER(s)** | **SIGNATURE** | **AUTHORIZED AREA (s)** |
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| **MANAGER/LEADER SIGNATURE** |  |
| **DATE:** | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ DD MM YYYY |  |
| **\***If this is for a specific time period please provide dates | **Start Date:** | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ DD MM YYYY | **End Date:** | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ DD MM YYYY |