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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 | | |