

FUND ALLOCATION

No.

FOR TEMPORARY SERVICE

Account number(s): Name of Employee(s):					
Employee(s) Address: Department/Function: Description of service to be performed: Period of Employment: Rate Time Total Functional Supervisor's Signature The completed by Director of Human Resources Rate Approval: (initials only) of be completed by Director of Business Affairs Remarks/Instructions: TV. To be completed by the Vice President for Business & Finance Approved Disapproved	Account number(s):				
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SUNY Delhi is offering you temporary or extra service employment as described above.	Rate Approval: be completed by Director of Business A Remarks/Instructions: IV. To be completed by the Vice Preside Approved Employee Attestation	(initials only) ffairs ent for Business & Finance Disapproved	Signature	ove.	Date
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