



**STAFF APPROVED TO AUTHORIZE  
SERVICES, APPROVE AUTHORIZATIONS,  
and/or APPROVE INVOICES**

NAME	WORKER NUMBER	(1) PROGRAMS	(2) EFF. DATE	AUTHORIZE SERVICES	APPROVE AUTHORIZATIONS	APPROVE INVOICES	(3) PERSON REPLACED

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

(1) Specify ILS, Rehabilitation, Medical, Administration.

(2) Use the actual month/year for personnel initially authorized in the current physical year.

(3) Enter NEW if not replacing another person.