A. COMPLETED BY DEPARTMENT OFFICE:

Department Name: ____________________________________________________________ Mail Code: ________

Designee’s Signature: ___________________________ Print Name: __________________ CSUN ID: __________

Desigee’s Signature: ___________________________ Print Name: __________________ CSUN ID: __________

B. DEPARTMENT CERTIFICATION & APPROVAL:

Dean, Director, or Dept. Chair Signature: ___________________________ Date: __________

Print Name: ______________________________ Extension: _______________________

Please send original to Human Resources, Benefits Department, Mail Code 8229