

CANUTILLO ISD STAFF DEVELOPMENT SUBSTITUTE ACCOUNT AUTHORIZATION

Date:	Date: Department Providing Account:			
In-Service/Training Na	me:			
Authorized Campus/De	ept:			
		Account:		
udget Authority Signati	ure:	Date:	Date:	
Authorizing Dept./De Staff Development/T		uthorization form to the campus/depar	rtment, prior to the	
	confirms employee participati	e, employee's <u>full legal</u> name, and emplion by signing. Submit to the Payroll De		
	ī	CAMPUS USE		
Date	En	nployee Name	Employee ID	
	 			
	<u> </u>			
Principal/Supervisor Signature			Date	
		Payroll Office Use Only		
Date Receiv	ved:	Date Paid:		