

CALIFORNIA STATE UNIVERSITY **LONG BEACH**

SATELLITE CASHIER APPROVAL FORM

AUTHORIZED EMPLOYEE DESIGNEES (ADDITIONAL DESIGNEES)

(EMPLOYEE NAME)

(SIGNATURE)

(DATE)

(TRAINING DATE)

(EMPLOYEE NAME)

(SIGNATURE)

(DATE)

(TRAINING DATE)

(EMPLOYEE NAME)

(SIGNATURE)

(DATE)

(TRAINING DATE)

(EMPLOYEE NAME)

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