

Authorization of Fund/Cost Center Owner: \_

## **WORK IN OTHER DEPARTMENT**

Box 7500, One Gustave L. Levy Place New York, NY 10029

This form is to be used when an employee performs services in a department other than his/her regular (home) department. Please see HR Policies 6.10, 6.11, 6.12 and 6.22.

This section must be completed in order to obtain authorization for an employee to perform work in another department.

All signatures and Compensation approval, if necessary, must be obtained prior to the work being performed.

Home Department Information:							
Dept: Genetics and Genom	nic Sciences	submit	tted bv: Vale	erie Leon	Phone: (2	212) 659-8296	
	lyn Cristina Cha		•	ob Title: Posto		<u>w</u> 1	Pay Grade:
Current rate of p						Γ	x
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LIFE NUMBER: 8458682	<del></del>	Shift	/Scheduled	Hours:/	<b>'</b> 5	Weekly	Biweekly
(See #3 Below)							
Current salary source for employee:  IF320451082 -			Salary source		ce %		
	S320451013 -	_		50%			
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Fund/Cost Center Owner: Cel Yu			 e)	Guo-Chen		Date: 04/19	9/23
Department Head/Administrator:			=) 	(Prin		Date:	
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Daniel Ilyayev

Human Resources Authorization:	(Signature)	(Print)	Date:
	(signature)	(print)	
Finance Approval:			Date:
	(Signature)	(Print)	