

CA

STATE UNIVER

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)
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