



Victor Valley College

NOTIFICATION OF CHANGE OF AUTHORIZED SIGNER
FOR HIRING FORM ROUTING

Reason for Changes:

- **Extended Absences exceeding two weeks**
- **Reassigned Authorized Signer**
- **Vacancy**

Current Authorized Signer Information:

Employee Name:

First Name

Last Name

Employee Email:

Leave Start/End Dates – if End Date is unknown, please select this check

Start Date

End Date

Interim Authorized Signer Information:

Employee Name:

First Name

Last Name

Employee Email:
