

Canada

CSM

Skyline

APPLYING FOR BANK UNITS TO USE

(Article 22; AFT Contract)

Division/Department: _____

Date: _____

Instructor: _____

G#: _____

FLC's to be Applied/Used: _____

Fiscal Year: _____

Semester: _____

Account Number to charge: _____ - _____ - _____ - _____
FUND ORG ACCT PROGRAM

Total Applied: _____

Employee's Signature: _____

Date: _____

Division Dean Signature: _____

Date: _____

College Bus. Office Signature: _____

Date: _____

Vice President- Instruction Signature: _____

Date: _____

CC:
District Payroll Office (Nettie Wong)

Note:

Employee: A form must be submitted for each semester.

Dean: Submit PAF along with this form.