N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SERVICES FOR THE BLIND

STAFF APPROVED TO AUTHORIZE SERVICES, APPROVE AUTHORIZATIONS, and/or APPROVE INVOICES

NAME	WORKER NUMBER	(1) PROGRAMS	(2) EFF. DATE	AUTHORIZE SERVICES	APPROVE AUTHORIZATIONS	APPROVE INVOICES	(3) PERSON REPLACED

Submitted by: _____

Date: _____

(1) Specify ILS, Rehabilitation, Medical, Administration.

(2) Use the actual month/year for personnel initially authorized in the current physical year.

(3) Enter NEW if not replacing another person.