G.O. Form P-14 **AUTHORIZATION FOR UNIT OF WORK RATE** AUTH. NO. AGENCY CODE \_\_\_\_\_

 PREVIOUS AUTH. NO(S).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SUBMITTED PAGE OF PAGES AGENCY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUESTED BY APPROVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointing Authority (except as noted) Director DHRM

(Except as noted below, persons paid on other State

payrolls will not be paid under this authorization.)

| Col. 1**ITEM\*** |  Col. 2**NAME NO ROLE** **TITLE** | Col. 3**MAXIMUM RATE** | Col. 4**MAXIMUM UNITS** | Col. 5**EFFECTIVE DATES** |
| --- | --- | --- | --- | --- |
| Amount per Unit | Number per Period | Beginning | Ending |
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