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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