

Administrative Directive – AD 30 – 1 ATTACHMENT 2



Division Of
**FINANCE &
ADMINISTRATION**
C H A N N E L
I S L A N D S

WARRANT OFFICER AUTHORIZATION

DATE:

Please type or print your name and extension and sign. Retain a copy for your department's files. If at any time the primary officer or an alternate officer changes, please contact our office immediately to update this information.

****By signing this form, I have read and understand the warrant officer policy/procedures. I take responsibility for all warrants under my care and I will take necessary measures to secure these items at all times.***

Unit Code(s): _____

Primary Warrant Officer _____
(Print Name and Extension #)

(Signature) * _____

Alternate Warrant Officer #1 _____
(Print Name and Extension #)

(Signature) * _____

Alternate Warrant Officer #2 _____
(Print Name and Extension #)

(Signature) * _____

Alternative Warrant Officer #3 _____
(Print name and Extension #)

(Signature) * _____

Alternative Warrant Officer #4 _____
(Print name and Extension #)

(Signature) * _____

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