

# Management Approval and Signature Block

Please complete the fields below. This document is formatted for printing and physical signature verification.

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## Primary Approver (Manager / Supervisor)

Authorized Name:

Title / Department:

Approval Date:

Physical Signature: X \_\_\_\_\_

## Secondary Approver (Department Head / Executive)

Authorized Name:

Title / Department:

Approval Date:

Physical Signature: X \_\_\_\_\_

## Comments / Conditions of Approval

Notes: