G.O. Form P-14 (Revised 3-03)

AUTHORIZATION FOR UNIT OF WORK RATE

AUTH. NO._____ AGENCY CODE _____

PREVIOUS AUTH. NO(S) ._____

DATE SUBMITTED_____ PAGE 1 OF 1 PAGES

AGENCY NAME _____

REQUESTED BY _____
Appointing Authority

APPROVED_____
(except as noted) Director, Department of Human Resource Management

Col. 1	Col. 2	Col. 3		Col. 4		Col. 5		Col. 6
ITEM	**NAME, POSITION NUMBER, ROLE CODE & TITLE, OR SOC CODE & TITLE**	**MAXIMUM RATE**		**MAXIMUM UNITS**		**EFFECTIVE DATES**		**PAYMENT REQUESTED** (e.g., straight-time overtime)
		Amount per Unit (or specify "P-3 Rate")		Number per Period		Beginning	Ending	

		Col. 3 **MAXIMUM RATE**		Col. 4 **MAXIMUM UNITS**		Col. 5 **EFFECTIVE DATES**		