CALIFORNIA STATE UNIVERSITY **LONG BEACH**SATELLITE CASHIER APPROVAL FORM

(EMPLOYEE NAME)	(SIGNATURE)	(DATE)	(TRAINING DA
(EMPLOYEE NAME)	(SIGNATURE)	(DATE)	(TRAINING DA
(EMPLOYEE NAME)	(SIGNATURE)	(DATE)	(TRAINING DA
(EMPLOYEE NAME)	(SIGNATURE)	(DATE)	(TRAINING DA
(EMPLOYEE NAME)	(SIGNATURE)	(DATE)	(TRAINING DA
(EMPLOYEE NAME)	(SIGNATURE)	(DATE)	(TRAINING DA
(EMPLOYEE NAME)	(SIGNATURE)	(DATE)	(TRAINING DA