

AUTHORIZED SIGNATURES

Date:\_\_\_\_\_

Department Name:\_\_\_\_\_ Department Number:\_\_\_\_\_

\_\_\_\_\_  
Department Head’s Signature Printed Name

As of the date above, the only person(s) authorized to pick up payroll, sign timecards, and/or sign claims/budget transfers/journal entries (all or nothing, claims, JE’s budget transfers are considered a single authorization) are as follows:

- PR P/U** –authorized to pickup entire department’s payroll
- T Sign**-authorized to sign entire department’s timecards
- Claim** –authorized to sign all departmental claims, journal entries, budget transfers

| <u>Employee Printed Name and Signature</u> | (check which apply) |               |               |
|--|---------------------|---------------|---------------|
|  | <u>PR P/U</u>       | <u>T Sign</u> | <u>Claims</u> |
| _____                                      | _____               | _____         | _____         |
| _____                                      | _____               | _____         | _____         |
| _____                                      | _____               | _____         | _____         |
| _____                                      | _____               | _____         | _____         |
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| _____                                      | _____               | _____         | _____         |
| _____                                      | _____               | _____         | _____         |
| _____                                      | _____               | _____         | _____         |

(This completed form supersedes previously submitted form, all previously submitted forms become void and null)