



Signature Authorization

To: Payroll Office, Mountain Hall - Suite E

Effective Date (mm/dd/yyyy) _____

Authorized Individual _____
First MI Last

The above named individual is authorized to APPROVE PAYROLL DOCUMENTS as indicated below:

Dept ID

CHECK ALL THAT YOU WILL BE AUTHORIZED TO SIGN FOR

- Absence and Additional Time Worked Report (634)
- Master Payroll Warrant Authorization (MPWA)
- Authorization for Payment of Overtime (Form 681)
- Special Consultant Payment Request
- Hourly/Intermittent Time Approvals
- Student Employment Action Form (SEAF)
- OTHER: _____

AUTHORIZED SIGNATURE AND/OR INITIALS AS WILL APPEAR ON DOCUMENTS:

Signature: _____ Initials: _____ Date: _____

Approved By: _____ Title: _____ Date: _____

*Those individuals who approve MPWA cannot be the same as the Warrant Representative. ** If you do not know the Agency-Unit please contact your Payroll Technician.