



**AUDITOR-CONTROLLER
PAYROLL AUTHORIZATION LIST
(951) 955 -3814 Fax**

DEPARTMENT NAME: _____

DEPT ID _____

DEPARTMENT PAYROLL REP _____ **EXT.** _____

The employees listed below are authorized to request Online Warrants or Payroll Corrections (Claim Payments, Adjustment Notices, Payroll Correction, etc)

**EMPLOYEE NAME
(Please Type)**

SIGNATURE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I authorize the above named employees to receive payroll warrants on behalf of our department.

Department Head Signature or Designee

Date

NOTE: SIGNATURE AUTHORIZATION LIST SHOULD BE UPDATED ANNUALLY AND AS CHANGES OCCUR. THIS LIST SUPERSEDES ALL PREVIOUS AUTHORIZATIONS.