

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 request payroll corrections and warrants on behalf of our department.

Department Head Signature or Designee

Date

NOTE: SIGNATURE AUTHORIZATION LIST SHOULD BE UPDATED EVERY YEAR IN JANUARY, AND AS CHANGES OCCUR. THIS LIST SUPERSEDES ALL PREVIOUS AUTHORIZATIONS.

Revised (04/2019)