

TIMESHEET SIGNATURE AUTHORIZATION

Controller's Office | Payroll



Organization Number: _____ (only ONE organization per form) **Effective Date:** _____

Department: _____ (only ONE dept per form)

Only those persons listed below will have the authorization to sign timesheets. In authorizing the individuals below, I understand timesheets without proper signature authority will be returned to the department for proper approval.

Requestor - Dean, Department Chairperson, or Supervisor/Manager:

_____ Signature	_____ Name (Printed or Typed)	_____ Ext.
_____ Title	_____ University ID# (98#####)	

AUTHORIZED SIGNER(S)

1. Student/Temporary Casual Timesheets

_____ Signature	_____ Name (Printed or Typed)	_____ University ID# (98#####)	_____ Ext.
_____ Signature	_____ Name (Printed or Typed)	_____ University ID# (98#####)	_____ Ext.
_____ Signature	_____ Name (Printed or Typed)	_____ University ID# (98#####)	_____ Ext.
_____ Signature	_____ Name (Printed or Typed)	_____ University ID# (98#####)	_____ Ext.

2. Exempt/Non Exempt/Graduate Assistant Timesheets

_____ Signature	_____ Name (Printed or Typed)	_____ University ID# (98#####)	_____ Ext.
_____ Signature	_____ Name (Printed or Typed)	_____ University ID# (98#####)	_____ Ext.
_____ Signature	_____ Name (Printed or Typed)	_____ University ID# (98#####)	_____ Ext.
_____ Signature	_____ Name (Printed or Typed)	_____ University ID# (98#####)	_____ Ext.

In the event there are any changes in authorized signers, please resubmit this form. The new form replaces any existing forms on file.

Return this original form, with wet signatures to the attention of Elizabeth Ledesma or Stacey Lucchesi – Payroll Department.