



Auditor
Charles E. Walder
Chief Fiscal Officer

Payroll Authorization Form

The following individuals are authorized to approve payroll and status change forms (please include the names of the department head, as applicable). Any person authorized to sign the name of the department head should be listed also.

Department: _____

Fund or Funds: _____

<u>Name (print)</u>	<u>Title</u>	<u>Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Authorized by: _____
(Print)

Date: _____

(Signature)

* May only be signed by Elected Officials or Board President.