



PAYROLL DOCUMENT AUTHORIZATION

ROUTE TO: Payroll Office
M.S. #JA 110

1. TYPED NAME (Last, First., M.I.)	2. SIGNATURE OF AUTHORIZED EMPLOYEE
3. SOCIAL SECURITY NUMBER or EMPLID	4. Current DeptID

A (add) D (Del)	DEPTID	NAME OF DEPT	DATE	notes

Employee is hereby granted authorization to approve/sign for the following reports:

- Monthly "REPORT OF Leave Usage Report"
- Student Assistant & Temporary Help Vouchers/Paysheets
- Department retained Monthly Attendance Summary (F634)

SIGNATURE OF RESPONSIBLE DEPT HEAD/DIRECTOR	8. TYPED NAME	9. DATE
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Payroll Office
M.S. #JA110
559 278-3960
Fax 8-7820

PAY 2004.2 DOCUMENTS