

**Instructions:** Instructions: Complete form and submit to University Personnel annually when requested or at the time of a personnel change within the department. Please note that person(s) that approve and certify reports (authorize expenditures) of a payroll unit may not receive or distribute payroll checks to unit employees.

Academic Year:	Department Name:
Division/College:	Check Sort Unit:
Appropriate Administrator/DRO:	

**MASTER PAYROLL**

1. Maintains Attendance (department designee)

Principal Name:	Alternate Name:
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2. Certifies Attendance (department head or designee)

Principal Name:	Signature:
Alternate Name:	Signature:

3. Received Payroll Warrants (cannot be a principal or alternate in function 2 above or approve time in absence Management)

Principal Name:	Signature:
Alternate Name:	Signature:
Alternate Name:	Signature:
Alternate Name:	Signature:

**STUDENT ASSISTANT/WORK STUDY/INTERMITTENT HOURLY PAYROLL**

1. Maintains Attendance (department designee)

Principal Name:	Alternate Name:
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2. Certifies Attendance (department head or designee)

Principal Name:	Signature:
Alternate Name:	Signature:

3. Received Payroll Warrants (cannot be a principal or alternate in function 2 above or approve time in absence Management)

Principal Name:	Signature:
Alternate Name:	Signature:
Alternate Name:	Signature:
Alternate Name:	Signature:

**DEPARTMENT AUTHORIZATION**

Name and Title, Department Head:	
Signature:	Date: