**Delegation of Approval and Signing Authority Form**

**Purpose:**

This forms serves to delegate or remove Approval and Signing Authority for all payroll related forms including timesheets (both digital and hardcopy), exception reports, shift premium and overtime.

**Department(s) being Delegated:**

Department Number(s): Click or tap here to enter text.

**Person Delegating Authority:**

Delegator: Click or tap here to enter text.

Email: Click or tap here to enter text.

Employee ID: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap here to enter text.

**Authorized Delegate:**

[ ]  The following delegate is hereby authorized to approve and sign any and all payroll forms related to the above department number(s) on my behalf.

[ ]  The following delegate should be removed from having approval and signing authority for payroll forms related to the above department number(s).

Delegate Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Employee ID: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_