**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_