Check appropriate boxes: [ ]  Authorization [ ]  Cancellation [ ]  Revised\* **Effective Date:** **F/Y:**

 [ ]  Petty Cash – List Office Location:

 [ ]  Cash Differential – List Office Location:

 [ ]  Change Fund – List Office Location:

 [ ]  Revolving Fund – List Office Location:

 [ ]  Prepaid Cards – List Office Location:

|  |
| --- |
| Department Name |
|       |

|  |  |
| --- | --- |
| Last Name, First Name | Employee ID |
|       |       |

# AUTHORIZED FORMS

The employee whose name (above) and signature appear below is authorized to sign the following forms:

|  |  |
| --- | --- |
| **AUDITOR-CONTROLLER** | **HUMAN RESOURCES** |
| [ ]  |  | All Forms | [ ]  |  | All Forms |
| [ ]  |  | Payroll Adjustments | [ ]  |  | Work Performance and Evaluation Forms |
| [ ]  |  | Leave Pre-Designation/Cash-out/Conversion Form | [ ]  |  | Personnel Requisition and Certification |
| [ ]  |  | Employee Reimbursement Form (Tuition, relocation, other taxable reimb) | [ ]  |  | Separation Report |
| [ ]  |  | County Visa Credit Card Request | [ ]  |  | Salary Step Advancement Authorization |
| [ ]  |  | Temporary Credit Card Issuance Record | [ ]  |  | Request for Extended Sick and Special Leave  |
| [ ]  |  | Transfer Appropriation | [ ]  |  | Education Assistance Proposal  |
| [ ]  |  | Budget Transfer | [ ]  |  | Voluntary Time Off Request |
| [ ]  |  | Journal Vouchers (ZQ only) | [ ]  |  | Employee Status And Wage Notification |
| [ ]  |  | Year End Accruals | [ ]  |  | HR Forms req. Payroll Specialist auth and/or verification |
| [ ]  |  | 3rd Quarter Inventory Certification | PURCHASING AGENT |
| [ ]  |  | Interface Certification | [ ]  |  | All Forms |
| [ ]  |  | JV, AP, and CM Upload Certification | [ ]  |  | Postage Stock Requisition (13-16489-000) |
|  |  |  | [ ]  |  | Printing Request (16-20522-000) |
|  |  |  | [ ]  |  | Purchasing Card (CAL Card)  |
|  |  |  | [ ]  |  | Request for Procurement User/Workflow ModificationePro Modification (User/Workflow)  |

List range of funds center (cost centers) below. (Ex. 3400001000 – 3409991000)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| To | From |  | To | From |  | To | From |
|       |       |  |       |       |  |       |       |
|       |       |  |       |       |  |       |       |
|       |       |  |       |       |  |       |       |
|       |       |  |       |       |  |       |       |

Or list individual funds center (cost centers) in numerical order below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FUNDS CENTER** | **FUNDS CENTER** | **FUNDS CENTER** | **FUNDS CENTER** | **FUNDS CENTER** | **FUNDS CENTER** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
| Individual funds center (cost centers) listing continued |  |  |
| **FUNDS CENTER** | **FUNDS CENTER** | **FUNDS CENTER** | **FUNDS CENTER** | **FUNDS CENTER** | **FUNDS CENTER** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

**TO BE COMPLETED BY DELEGATE (employee being authorized for signature):**

By affixing signatures to the listed documents, my delegates or I will be certifying that as the department’s requisitioning, inspecting, or receiving officer(s), that articles or services for which payment is being sought have been received, furnished, or contracted for pursuant to California Government Code 29749.

PRINT NAME SIGNATURE Title Date Signed

**TO BE COMPLETED BY DEPARTMENT HEAD/APPOINTING AUTHORITY:**

I am the official responsible (Appointing Authority) for the department’s administration; I am duly authorized to delegate signature authority and will do so at the appropriate level. Authority delegated for signature of the listed documents and their representation thereon, shall be an accurate and complete transactional record. By affixing signatures to the listed documents, I or my delegate(s) will be certifying, under penalty of perjury that the provisions of Article 4 of Chapter 1 of Division 4 of Title 1 (beginning with section 1090) of the California Government Code have not been violated.

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME SIGNATURE Title Date Signed

**DEPARTMENT CONTACT INFORMATION:**

Prepared by (Print Name) Telephone Inter Office Mail Code

#### Distribution: Original – ATC-Accounts Payable, Mail Code 0018

 *Copy – EMACS-HR, Mail Code 0030*

####  Copy – Purchasing, Mail Code 0760

####

####  Restricted Use for Internal Distribution Only

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#### \*Revisions will replace existing authorizations

Rev. 06/12/2018