



SIGNATURE/FUND CUSTODIAN AUTHORIZATION

Submit this form to each applicable department shown below when authorizing or canceling signatures.

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

- ☐ All Forms
- ☐ Payroll Adjustments
- ☐ Leave Pre-Designation/Cash-out/Conversion Form
- ☐ Employee Reimbursement Form (Tuition, relocation, other taxable reimb)
- ☐ Temporary Credit Card Issuance Record
- ☐ Journal Vouchers (ZQ only)
- ☐ Year End Accruals
- ☐ 3rd Quarter Inventory Certification
- ☐ Interface Certification
- ☐ JV, AP, and CM Upload Certification
- ☐ ZY – Year-End Adjustments Document

HUMAN RESOURCES

- ☐ All Forms
- ☐ Work Performance and Evaluation Forms
- ☐ Personnel Requisition and Certification
- ☐ Separation Report
- ☐ Salary Step Advancement Authorization
- ☐ Request for Extended Sick and Special Leave
- ☐ Education Assistance Proposal
- ☐ Voluntary Time Off Request
- ☐ Employee Status And Wage Notification
- ☐ HR Forms req. Payroll Specialist auth and/or verification

PURCHASING AGENT

- ☐ All Forms
- ☐ Postage Stock Requisition (13-16489-000)
- ☐ Printing Request (16-20522-000)
- ☐ Purchasing Card (CAL Card)

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

From	To

From	To

From	To

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

FUNDS CENTER	FUNDS CENTER	FUNDS CENTER	FUNDS CENTER	FUNDS CENTER	FUNDS CENTER



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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
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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
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DEPARTMENT CONTACT INFORMATION:

_____ Prepared by (Print Name)	_____ Telephone	_____ Inter Office Mail Code
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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

*Revisions will replace existing authorizations
Rev. 06/03/2020