



## 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 forms listed below. Only forms listed below that specifically indicate that an electronic signature is allowed are allowed to be submitted with an electronic signature. All other forms are required to have an original signature on the form. Electronic signatures will be accepted if they meet one of the following criteria: the application of a facsimile of the actual signature or an Adobe digital PDF signature certificate.

#### 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) – Electronic Signature allowed
- ☐ Year End Accruals– Electronic Signature allowed
- ☐ 3<sup>rd</sup> Quarter Inventory Certification– Electronic Signature allowed
- ☐ Interface Certification– Electronic Signature allowed
- ☐ JV, AP, and CM Upload Certification– Electronic Signature allowed
- ☐ ZY – Year-End Adjustments Document– Electronic Signature allowed

#### 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) – Elec Signature allowed
- ☐ Printing Request (16-20522-000) – Electronic Signature allowed
- ☐ 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

### 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*

*\*Revisions will replace existing authorizations  
Rev. 05/21/2021*