



## 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: \_\_\_\_\_

<b>Department Name</b>
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<b>Last Name, First Name</b>	<b>Employee ID</b>
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### AUTHORIZED FORMS

The employee whose name (above) and signature appear below is authorized to sign the forms listed below. Electronic signatures are allowed for all forms listed below unless otherwise noted. If an electronic signature is not allowed, the forms are required to have an original signature on the form. Electronic signatures are only 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)<sup>1</sup>
- Temporary Credit Card Issuance Record<sup>1</sup>
- Journal Vouchers (ZQ only)
- Year End Accruals
- 3<sup>rd</sup> 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<sup>1</sup>
- 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)<sup>1</sup>

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

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<sup>1</sup> No Electronic Signature Allowed  
\*Revisions will replace existing authorizations  
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