



## 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

