



25800 Carlos Bee Blvd | Hayward, CA 94542

office 510-885-3651 fax 510-885-2758

The following individual is delegated signature authority to approve by signature the Payroll documents for the departments indicated below. Delegation of authority will be considered only for those documents as specified below.

Once this form is submitted, the signature authorization will remain in effect until the delegation is removed.

Note: Designee cannot be the same individual that is authorized to pick up pay warrants from the Cashiers Office.

AUTHORIZED SIGNATURE AS IT WILL APPEAR ON THE DOCUMENTS

Signature

Print Name

Date

Check all of the documents that apply and provide the Department ID(s) delegation is approved for:

Document

Department ID(s) (ex: 10010)

Absence & Additional Time Worked Report

Attendance Roster

Authorization for Payment of Overtime

Authorization for Payment of Shift Differential

Honorarium Payment Request

Special Consultant Payment Request

Student Employment Action Form (SEAF)

Other: _____

APPROVING ADMINISTRATOR
(VP, AVP, Dean, or Administrator)

Signature

Print Name and Title

Date