

Signature Authorization for Payroll Documents Student /Hourly Intermittent Payroll Only

(707) 664-2793 phone | <u>payroll@sonoma.edu</u>

The signature authorization for payroll documents assigns appropriate employees certain duties and verifies separation of duties. Therefore, a name cannot appear more than once on this form. A new form is required for additions or changes to signatory authorizations. Enter the name of the authorized employee for each signatory role. Indicate P for Primary (only one Primary is permitted) or A for Alternate (one or more). Obtain electronic signatures for all employees on the same form and submit to Payroll and Benefits.

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Date:	SCO Unit Name*:	SCO Ui	SCO Unit Number*:	
Appropriate Administrat this form to perform the	or: By signing this form the Appl duties as assigned.	opriate Administrator	is authorizing the employees on	
Name	Si	gnature	Date	
Responsibilities: Collect and route ap Audit documents and Will utilize the Emplorand correct Comp Ra Report discrepancies Ensure submission a or prior to, the design	te s immediately nd approval of all payroll related	on of monthly time and ensure proper reporting self-service entries and	labor/absence entries g of Employee ID/Record Number d documents are complete on,	

^{*}If the roles listed are consistent amongst multiple SCO Units, please list them on the attached page



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SCO Unit Name		SCO Unit Number
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