

## SIGNATURE AUTHORIZATION FORM

PAYROLL SIGNATURE AUTHORIZATION      INTERN'S NAME:	
NAME, AUTHORIZED OFFICIAL (Print or Type)	
SIGNATURE, AUTHORIZED OFFICIAL	
The above named person is authorized to perform the timekeeping functions checked below.	
	<b>FUNCTIONS</b>
X	WRITE IN CORRECTIONS/OMISSIONS ON TIME CARDS.
X	CERTIFY CORRECTNESS OF ATTENDANCE AND ABSENCES ON TIME CARDS
X	CERTIFY OVERTIME AND COMPENSATORY TIME.
APPROVED BY DEPT/DIV DIRECTOR/OFF IN CHG	DATE

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