



# Signature Authorization Form

Name of Department, Board, or Commission:

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The following person is authorized to sign all personnel/payroll documents for the Appointing Authority of the above-named department.

Name (type): \_\_\_\_\_

Signature: \_\_\_\_\_

Alternates authorized:

Name (type): \_\_\_\_\_

Signature: \_\_\_\_\_

Name (type): \_\_\_\_\_

Signature: \_\_\_\_\_

Name (type): \_\_\_\_\_

Signature: \_\_\_\_\_

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*(Signature of Appointing Authority)*

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*(Date)*