

**HARRIS COUNTY DEPARTMENT OF EDUCATION
PAYROLL
SIGNATURE AUTHORITY FORM
FY 2008-09**

Please complete this form by assigning an alternate authorized signature.
This authorization allows assigned alternate designee(s) to sign timesheets, absence reports, and overtime/compensatory time approval forms in the absence of the Division Director. This form also designates a (PCP) Payroll Contact Person for your division. This form must be signed by the Division Director. Please return this form to the Payroll Office. For questions regarding this form, please contact Kedra Johnson at ext. 8289 or Julie Carson at ext. 1747.

Fund _____		Budget Mgr Code _____
Division _____		
Division Manager _____		Signature _____
Contact Person _____		

Alternate Authorized Signatures - Timesheets, Absence Reports and Overtime/Comp time approvals:

1. Name _____		Signature _____
Position _____		
2. Name _____		Signature _____
Position _____		
3. Name _____		Signature _____
Position _____		
4. Name _____		Signature _____
Position _____		

Payroll Contact Person:

1. Other (Specify) _____		Printed Name _____
		Signature _____

Payroll Office

Date Received: _____