



1. TYPED NAME (Last, First., M.I.)	2. SIGNATURE OF AUTHORIZED EMPLOYEE 
3. SOCIAL SECURITY NUMBER or EMPLID	4. Current DeptID

A (add) D (Del)	DEPTID	NAME OF DEPT	DATE	notes

Employee is hereby granted authorization to approve/sign for the following reports:

- Monthly "REPORT OF Leave Usage Report"
- Student Assistant & Temporary Help Vouchers/Paysheets
- Department retained Monthly Attendance Summary (F634)

SIGNATURE OF RESPONSIBLE DEPT HEAD/DIRECTOR 	8. TYPED NAME	9. DATE
--	---------------	---------

Payroll Office
M.S. #JA110
559 278-3960
Fax 8-7820