

**California State University, Long Beach
PAYROLL DOCUMENTS SIGNATURE AUTHORIZATION**

CALENDAR YEAR _____

REPLACE CURRENT AUTHORIZATION ADD TO CURRENT AUTHORIZATION DELETE FROM CURRENT AUTHORIZATION

Effective Date: _____

Dept ID: _____

or

Department Name: _____

**FORMS AUTHORIZED TO SIGN
CHECK YES OR NO FOR EACH FORM**

	YES	NO
Absence & Additional Time Worked	<input type="checkbox"/>	<input type="checkbox"/>
Absences Without Pay	<input type="checkbox"/>	<input type="checkbox"/>
Additional Pay Voucher	<input type="checkbox"/>	<input type="checkbox"/>
Immediate Pay Voucher	<input type="checkbox"/>	<input type="checkbox"/>
Salaried/Hourly Adjustment Form	<input type="checkbox"/>	<input type="checkbox"/>
Student Employee Adjustment Form	<input type="checkbox"/>	<input type="checkbox"/>
Student Employment Payroll Transaction (SEPTF)	<input type="checkbox"/>	<input type="checkbox"/>
UCES Special Session Pay Voucher	<input type="checkbox"/>	<input type="checkbox"/>

This form must be renewed annually at the beginning of each calendar year.

The employee(s) whose name(s) and signature(s) appear(s) below is/are allowed to sign/authorize payroll documents as indicated on the right.

1. _____
AUTHORIZED EMPLOYEE SIGNATURE

_____ ASM SIGNATURE

PRINTED NAME & TITLE OF AUTHORIZED EMPLOYEE

ASM (PRINTED NAME)

2. _____
AUTHORIZED EMPLOYEE SIGNATURE

_____ DIVISION EXECUTIVE SIGNATURE

PRINTED NAME & TITLE OF AUTHORIZED EMPLOYEE

DIVISION EXECUTIVE (PRINTED NAME)

3. _____
AUTHORIZED EMPLOYEE SIGNATURE

_____ DIVISION EXECUTIVE SIGNATURE

PRINTED NAME & TITLE OF AUTHORIZED EMPLOYEE

1. Documents that authorize payroll transactions must have a signature certifying that the information on the document is correct and/or funds are available. To verify the authenticity of the signature(s), a Signature Authorization Form of all employees authorized to sign various payroll documents is maintained by the Payroll Services.

2. Signature Authorization forms are available from the CSULB payroll website (www.csulb.edu/payroll) and is the only signature authorization form that will be accepted.

3. All Signature Forms must be authorized and signed by the Appointing Authority for each college, division or subdivision and the Administrative Services Manager before returning to Payroll Services.

4. Signature Forms are effective until cancelled in writing by the Appointing Authority, or, if an employee has a permanent or temporary separation this automatically revokes the authorization. Temporary separations include the following leaves: sabbatical, difference-in-pay, leave without pay and long-term disability. New authorizations must be submitted upon reinstatement, if applicable. Payroll Services will regularly receive a list of terminated employees or employees on the previously noted leaves to revoke signature authorization as appropriate.

5. It is the responsibility of the Appointing Authority to assure that the Signature Authorization forms are up-to-date by submitting all additions and changes to Payroll Services within 15 days of the effective date. Additions and changes require completion of a new card.

6. If a change occurs in the Appointing Authority, the existing authorization will remain in effect until updated (or amended) in accordance with the above procedures.

7. The Signature Authorization Form shall contain original signatures. The authorized employees must sign their name in the exact manner that it will appear on documents.

8. Please note: According to the State Administrative Manual, Section 8580.1, employees who can certify or process payroll documents cannot distribute or handle paychecks.