Print Form

PAYROLL SIGNATURE AUTHORIZATION FORM

RETURN ORIGINAL COMPLETED FORM TO: Finance Department - Payroll Unit Miami-Dade County 111 NW 1st Street, Suite 2630 Miami, Florida 33128	**DEPT NAME:**		**DEPT #:**	
	DEPT ADDRESS:			
PAYROLL UNIT OFFICE: (305)375-5165 FAX: (305)375-2570	**DEPT PHONE:**			

The personnel listed below **and** on page 2 of this form are authorized to pick-up and sign for payroll checks, payroll registers and/or any payroll-related document/item for the department indicated above **AND/OR** for the specific Department-Division-Location (DDL) listed on page 2. The authorized individuals listed below **must present their picture ID at each pick-up** for verification. This authorization will remain valid for **fiscal year 2009-2010** (which is from October 1, 2009 - September 30, 2010). If there is a change (addition, removal or update) to those authorized, a change in DDL, etc, it is the department's responsibility to notify the Finance Payroll Unit immediately **AND** submit a new original form to supersede the previous one.

Authorized Personnel:

1. **PRINT NAME** _____ **SIGNATURE** _____ **DATE** _____
   TITLE _____ **PH#** _____
2. **PRINT NAME** _____ **SIGNATURE** _____ **DATE** _____
   TITLE _____ **PH#** _____
3. **PRINT NAME** _____ **SIGNATURE** _____ **DATE** _____
   TITLE _____ **PH#** _____
4. **PRINT NAME** _____ **SIGNATURE** _____ **DATE** _____
   TITLE _____ **PH#** _____
5. **PRINT NAME** _____ **SIGNATURE** _____ **DATE** _____
   TITLE _____ **PH#** _____
6. **PRINT NAME** _____ **SIGNATURE** _____ **DATE** _____
   TITLE _____ **PH#** _____
7. **PRINT NAME** _____ **SIGNATURE** _____ **DATE** _____
   TITLE _____ **PH#** _____
8. **PRINT NAME** _____ **SIGNATURE** _____ **DATE** _____
   TITLE _____ **PH#** _____

☐ Additional Signatures on page 2.

Department **Director or Assistant Director must sign below** as confirmation for **page 1 of 2**. Also, this signed authorization supersedes and revokes all previously executed authorization forms.

PRINT NAME _____ **SIGNATURE** _____ **DATE** _____

TITLE _____ **PH#** _____

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Additional Authorized Personnel if applicable:

9. PRINT NAME _____ **SIGNATURE** _____ **DATE** _____

TITLE _____ **PH#** _____

10. PRINT NAME _____ **SIGNATURE** _____ **DATE** _____

TITLE _____ **PH#** _____

11. PRINT NAME _____ **SIGNATURE** _____ **DATE** _____

TITLE _____ **PH#** _____

12. PRINT NAME _____ **SIGNATURE** _____ **DATE** _____

TITLE _____ **PH#** _____

13. PRINT NAME _____ **SIGNATURE** _____ **DATE** _____

TITLE _____ **PH#** _____

14. PRINT NAME _____ **SIGNATURE** _____ **DATE** _____

TITLE _____ **PH#** _____

15. PRINT NAME _____ **SIGNATURE** _____ **DATE** _____

TITLE _____ **PH#** _____

Please list below the Department-Division-Locations (DDLs) for which the listed personnel are authorized:

DEPT	DIV	LOC	DEPT	DIV	LOC	DEPT	DIV	LOC	DEPT	DIV	LOC	DEPT	DIV	LOC

FOR FLYER DISTRIBUTION PURPOSES

DEPARTMENT CONTACT PERSON: _____ **TOTAL NO. OF EE'S** _____

PHONE NUMBER: _____ **TOTAL NO. OF EE'S DOWNTOWN** _____

Please list any special instructions for your department's paycheck distribution below:

Department **Director or Assistant Director must sign below** as confirmation for **page 2 of 2**. Also, this signed authorization supersedes and revokes all previously executed authorization forms.

PRINT NAME _____ **SIGNATURE** _____ **DATE** _____

TITLE _____ **PH#** _____