MIAMI-DADE COUNTY

HUMAN RESOURCES DEPARTMENT

FISCAL YEAR 2024-25 AUTHORIZED SIGNATURES

Effective Date: _____

☐ **New: (FY2024-25)** ☐ **Update Existing (FY 2024-25)** ☐ **Add Personnel** ☐ **Remove Personnel**

Department Name: _____ Business Unit: _____

	Print Name	Signature	Initials
Department Director (1)			
Department Personnel Representative (DPR) (2)			

(1) Department Director authorized on all sections.
(2) DPR has designated authority on all sections.

DEPARTMENT DIRECTOR ALTERNATE FOR OFF CYCLE CHECK

Alternate Authorized Name (Optional)	Signature	Title	Ph. #

PERSONNEL CHANGES

Optional Designees (Print Name)	Signature	Title	Ph. #

SPECIAL LEAVE POOLS

Optional Designees (Print Name)	Signature	Title	Ph. #

OFF CYCLE CHECK REQUEST AUTHORIZATION

Please be advised there is a $25.00 processing fee for all Off Cycle Checks. Off Cycle Check Requests must be signed by both a DPR (or alternate) and the Department Director (or Department Director Alternate)

Optional Designees (Print Name)	Signature	Title	Ph. #

TUITION REFUND - Approval to Participate

Optional Designees (Print Name)	Signature	Title	Ph. #

TUITION REFUND - Claim Form

Department Personnel Representative (DPR) / Tuition Refund Coordinator (TRC)

Alternate Authorized Name (Optional)	Signature	Title	Ph. #

TUITION REFUND - Attachments (Supporting Documents)

If someone from the department, other than the DPR or TRC, is authorized to review and sign online copies of grades or receipts (supporting documentation), please indicate below.

Alternate Authorize Name (Optional)	Signature	Title	Ph. #

FINANCE/PAYROLL

PAYROLL AUTHORIZATION

The personnel listed below are authorized to pick-up and sign for payroll checks, payroll registers and/or any payroll-related document/item. A valid photo identification must be presented at each pick-up for verification. This authorization will remain valid for **Fiscal Year 2024-2025** (which runs from October 1, 2024 to September 30, 2025).

Optional Designees (Print Name)	Signature	Title	Ph. #

It is the department's responsibility to immediately notify the Human Resources-Payroll Unit of any changes to this Form. To do so, please submit a signed authorization form with the name(s) to be added to or removed from the existing Form.

***** Only a change in department director will require the completion of a new authorization Form in its entirety *****