

MASTER PAYROLL CERTIFICATION AUTHORIZATION FORM

Date:

Attendance Clerk:

Department Check Sort Unit: 222-

Signature: _____ Date _____

Alternate:

<u>Payroll Use Only</u>
Date Trained:
MPC ID#:
Email:

Department ID

Department Name

<u>Department ID</u>	<u>Department Name</u>
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Replacing:

Signature: _____

College Dean/Dept. Head/ Grant Administrator

Print/Type Name

<u>Payroll Use Only</u>
MPC ID#:
Date Inactivated: