



Employee Signature Authorization Card

Department ID: _ _ _ Department Name: _____

Employee Name: _____
(Please Print)

Employee Email Address: _____

Employee Work Phone Number: _____

Employee Signature: _____

This employee is authorized to:

- | | |
|--|--|
| <input type="checkbox"/> Retrieve warrants and pay cards | <input type="checkbox"/> Receive email bulletins and notifications |
| <input type="checkbox"/> Sign PDFs | <input type="checkbox"/> Serve as a PDF Contact |

I do hereby authorize the employee whose signature appears above to sign, approve, retrieve documents, and/or receive notifications in the name of this department.

Head of Department Signature and Date