

NORTHERN ARIZONA UNIVERSITY  
AUTHORIZED SIGNATURES FOR  
PAYROLL TRANSMITTALS- OFF CYCLE CHECK REQUEST  
AND EMPLOYMENT FORMS

DATE \_\_\_\_\_

DEPARTMENT NAME \_\_\_\_\_ DEPT CODE \_\_\_\_\_

Contact Name & Phone # \_\_\_\_\_ Box # \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

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PLEASE PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

I authorize the above signatures to be used for Payroll Transmittal Advice Forms, Off Cycle Check Request and Employment Forms.

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Dean, Director or Department Head Signature