

DELEGATION FORM

To: County Payroll

Subject: Manager Delegation

Date: _____

Please check one:

Add Delete Change date on the following delegation:

Department: _____ Org Unit: _____

Start Date: _____ End Date: _____
(Cannot be in the past) (must contain an end date)

Delegator (manager): _____ Empl ID# _____
(Please Print)

New Delegate: _____ Empl ID #: _____
(Please Print)

Authorized Approver: _____
(Authorized Signer or Delegator)

Contact Phone # _____

Reason if more than 30 days: _____

Please allow 24 hours from receipt by Payroll for processing.

*****PAYROLL USE ONLY*****

Entered by: _____ Date entered: _____