

Larimer County Payroll
Designation of Signature Authority

Complete one form for each employee you have delegated Signature Authority.
Send the completed form to Payroll in the Human Resources Department.

Office / Department _____

Effective Date: _____
mm/dd/yyyy

PRINT Name of Designated Employee _____

Designated Employee Signature

Signature Designation: New
 Cancel Authorization
 Name Change

I hereby authorize the above-named person signature authority for all PAF-2's (Personnel Action Forms) for our Office/Department.

PRINT Name of Elected Official or Department Head

Signature of Elected Official or Department Head

Date Signed