

# Larimer County Payroll

## Designation of Signature Authority UltiPro System

Complete one form for each employee to whom 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                      
   Other - Describe               

*I hereby authorize the above-named employee the authority to process the following Personnel Actions for our Office/Department. We have internal controls and approvals in place to manage all personnel actions. We will upload all the appropriate supporting documents required by Human Resources.*

Check this box for **ALL** Personnel Actions, or select specific Personnel Actions below.

<b>Only the following Personnel Actions:</b>	
<input type="checkbox"/> New Hires or Rehires	<input type="checkbox"/> Pay Adjustments
<input type="checkbox"/> Merits & Evaluations	<input type="checkbox"/> Regular to Temporary
<input type="checkbox"/> Earnings Changes	<input type="checkbox"/> Temporary to Regular
<input type="checkbox"/> Position Changes	<input type="checkbox"/> Limited Term to Regular or Temporary
<input type="checkbox"/> Second Assignments	<input type="checkbox"/> Regular or Temporary to Limited Term
<input type="checkbox"/> Reclassifications	<input type="checkbox"/> Supervisor/Manager Changes
<input type="checkbox"/> Flex Staffing	<input type="checkbox"/> Transfers
<input type="checkbox"/> Promotions	<input type="checkbox"/> Terminations
<input type="checkbox"/> Demotions	<input type="checkbox"/> Salary Resolution Changes
<input type="checkbox"/> Costing Changes	<input type="checkbox"/> United Way Deductions
<input type="checkbox"/> Hours Changes	<input type="checkbox"/> Wireless Allowances

\_\_\_\_\_  
**PRINT** Name of Elected Official or Department Head

\_\_\_\_\_  
*Signature of Elected Official or Department Head*

\_\_\_\_\_  
*Date Signed*