



STATE AGENCY SIGNATURE AUTHORIZATION FORM

In the pursuit of agency business, I hereby authorize the individual named on this form to sign the documents checked below on my behalf for the stated agency.

Employee's Name

Employing Agency

Yes No	Does the employee have the authority to sign ALL items listed below? If YES , stop here and sign. If NO , mark ONLY those items below that the employee has authority to sign.	
CLASSIFICATION		PERSONNEL TRANSACTIONS
<input type="checkbox"/>	Pay Plan Policy Requests	<input type="checkbox"/> Demotions
<input type="checkbox"/>	Position Description Forms	<input type="checkbox"/> Dismissals
<input type="checkbox"/>	Proposals to Change Job Specifications	<input type="checkbox"/> Layoffs
<input type="checkbox"/>	Temporary Upgrades	<input type="checkbox"/> Leaves of Absence
STATE PERSONNEL BOARD		<input type="checkbox"/> New Employments – Permanent
<input type="checkbox"/>	Agency's Comments on Policies	<input type="checkbox"/> New Employments –Temporary
<input type="checkbox"/>	Agency's Comments on Rules	<input type="checkbox"/> Promotions
<input type="checkbox"/>	Organizational Charts	<input type="checkbox"/> Reclassifications
<input type="checkbox"/>	Proposals	<input type="checkbox"/> Reallocations
OTHER		<input type="checkbox"/> Salary Advancements/Adjustments
<input type="checkbox"/>	Financials, Procurement, Treasury Documents	<input type="checkbox"/> Suspensions
<input type="checkbox"/>	Personnel Certifications from Registers	<input type="checkbox"/> Temporary Upgrades
<input type="checkbox"/>	Performance Evaluations (Reviewing Manager)	
<input type="checkbox"/>	Settlement Agreements	
<input type="checkbox"/>	Back Pay Calculations	
LETTERS		
<input type="checkbox"/>	Above Market	<input type="checkbox"/> Requests to Post/Hire
<input type="checkbox"/>	Demotions with/without Prejudice	<input type="checkbox"/> Suspensions
<input type="checkbox"/>	Dismissals	<input type="checkbox"/> Temporary Upgrades
<input type="checkbox"/>	Layoffs	

Employee's Signature

Date Signed

Appointing Authority's Name (Please Print)

Appointing Authority's Signature

Date Signed