

APPROVAL DELEGATION

This form gives the Payroll Department the authorization to perform the Kronos "Approval" for those departments listed below. Seperate forms are required if more than one pay period is being requested.

- 1) Forms must be signed, dated with a contact phone number or it will be returned.
- 2) Fax completed forms to the Payroll Department at 387-2937 or hand carry them to the Payroll Department.

Department Name:

Pay Period Number:

Pay Period Beginning Date: (mm/dd/yyyy)

Pay Period Ending Date: (mm/dd/yyyy)

Departments

Departments

Departments

Name:

_____ (Authorizing Signature)

Phone:

Date:

(mm/dd/yyyy)

Print, Sign, Date and then fax form to the Payroll Department at 387-2937 or hand deliver.