



TEXAS A&M

HEALTH SCIENCE CENTER

DEPARTMENT INFORMATION

and

AUTHORITY FOR PAYROLL PAPER DOCUMENTS

THIS REQUEST IS TO: (check all that are appropriate)

- Set up a new department Complete sections I, II, III, IV
- Change department information Complete section I, IV
- Change Department Head Complete section II, IV
- Update signature authority on paper documents Complete section III, IV

SECTION I: DEPARTMENT INFORMATION

Department Name: ADLOC:

Physical Location:

Payroll Contact: Phone:

Person Payroll Services should contact if questions arise.

SECTION II: DEPARTMENT HEAD, Vice President, Director (IBT) - Required to electronically approve monthly payroll for this department

Name:

Signature:

Title:

UIN: Phone:

SECTION III: APPROVAL AUTHORITY ON ALL PAYROLL PAPER DOCUMENTS: The signers below are authorized to sign payroll paper documents.

<input type="checkbox"/> Alternate Electronic BVD Signer Name <input type="text"/> Title <input type="text"/>	Signature <input type="text"/>
<input type="checkbox"/> Alternate Electronic BVD Signer Name <input type="text"/> Title <input type="text"/>	Signature <input type="text"/>
<input type="checkbox"/> Alternate Electronic BVD Signer Name <input type="text"/> Title <input type="text"/>	Signature <input type="text"/>

Section IV: Approval of Department Head: After reviewing this form, I certify the information and/or changes are correct and may be used as this department's official information, structure, and authority.

Signature of Department Head/Vice President, Director (IBT) Date