

PAYROLL AUTHORIZATION FORM

PAYROLL CONTACT

Name: _____ Title: _____ Date: _____

Phone: _____ E-mail: _____

Please indicate what your company's payroll contact is authorized to do and when below.

AUTHORIZED TO:	ALWAYS	REQUIRES APPROVAL	SPECIAL CIRCUMSTANCES	DETAILS
Discuss General Payroll Issues & Request Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discuss Payroll Tax Info & Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discuss Rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discuss Bonuses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide New Hire Info	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide Rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide Bonuses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Make Rate Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Request Services that Incur Additional Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please note that El Triunfo Payroll Services is not responsible for policing payroll changes made by approved payroll contacts. We will seek authorization for specific changes and questions based on the information as completed above.

CHANGE APPROVAL

If approval for any of the above changes is necessary, please list to whom El Triunfo Payroll Services should contact for authorization.

Name: _____ Title: _____ Date: _____

Phone: _____ E-mail: _____

Authorized Signature

Name: _____ Title: _____ Date: _____