



**OREGON STATEWIDE
PAYROLL SERVICES /
PAYROLL SYSTEM SUPPORT**

Fax: (503) 378-3518
Email: OSPS.Help@oregon.gov

INSTRUCTIONS:

1. COMPLETE ONLINE ONLY.
2. For each signer, select and replace the "Not Used" with a name.
3. Choose the authority level(s) for each name.
4. Complete the agency authorization info.
5. Print form and collect signatures.
6. Return **ORIGINAL** form to OSPS.

If you need immediate approval, you may fax the form to OSPS; we will honor the fax for three days while the original is in transit.

Annual Review Response

Date /Initial

- No Changes _____ / _____

**OSPS Use Only
Received Date Stamp**

AUTHORIZED OSPA SIGNATURES

This form establishes permission for the individuals named to request off-cycle manual checks and pay advances from OSPS.

Section A: Authorized Signers (use additional pages as needed; check box below list)

I certify: Payroll Advances will comply with OAM Policy 45.25.00.PO, applicable collective bargaining agreement, and/or agency policy as appropriate.

Printed Name	Signature	Authority
		<input type="checkbox"/> Manual Checks <input type="checkbox"/> Pay Advances
		<input type="checkbox"/> Manual Checks <input type="checkbox"/> Pay Advances
		<input type="checkbox"/> Manual Checks <input type="checkbox"/> Pay Advances
		<input type="checkbox"/> Manual Checks <input type="checkbox"/> Pay Advances
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		<input type="checkbox"/> Manual Checks <input type="checkbox"/> Pay Advances
		<input type="checkbox"/> Manual Checks <input type="checkbox"/> Pay Advances
		<input type="checkbox"/> Manual Checks <input type="checkbox"/> Pay Advances

➔ **CHECK ONE:** This is the only page This is Page ____ of ____.

Hand-written information will be verified by OSPS through the person listed in Section B.

Section B: Administrator Authorization and Alternate Designee

NOTE: Nobody in this section can be listed in Section A as an authorized signer.

I authorize the individuals listed in Section A to submit check requests to OSPS on behalf of:

Agency Number(s):

Administrator Printed Name	Signature	Date

Future updates may be authorized by (optional alternate designee):

Alternate Designee Printed Name	Signature	Admin Initials

For OSPS Use Only		
<input type="checkbox"/> Database Updated	Hand-written Info? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials
<input type="checkbox"/> Existing Signatures Verified	If Yes, email verification rec'd on: _____	
Retired and moved to Inactive tab on:		(Retention: 6 years)