

# MASTER PAYROLL CERTIFICATION AUTHORIZATION FORM

Date:

Attendance Clerk:

Signature:

Date

Alternate:

<u>Payroll Use Only</u>
Date Trained:
MPC ID#:
Email:

Department ID

Department Name

Replacing:

**Signature:**

\_\_\_\_\_  
College Dean/Dept. Head/ Grant Administrator

\_\_\_\_\_  
Print/Type Name

<u>Payroll Use Only</u>
MPC ID#:
Date Inactivated: