

Letter of Authorization Signature List for CAPPS HR/Payroll, HRIS, SPRS, USPS Data Changes

Agency name	Agency number
-------------	---------------

Employee name	ACID or CAPPS User ID	Employee phone number
Email address		
Division		Effective date
sign here ▶		

Employee name	ACID or CAPPS User ID	Employee phone number
Email address		
Division		Effective date
sign here ▶		

Employee name	ACID or CAPPS User ID	Employee phone number
Email address		
Division		Effective date
sign here ▶		

Employee name	ACID or CAPPS User ID	Employee phone number
Email address		
Division		Effective date
sign here ▶		

Employee name	ACID or CAPPS User ID	Employee phone number
Email address		
Division		Effective date
sign here ▶		

Authorization
 The head of the agency or governing board must sign below to authorize the employees listed on this page to request data changes to the statewide payroll/personnel systems.

The above employees are hereby authorized to submit letters of authorization for data changes.

Authorized by: sign here ▶	ACID or CAPPS User ID	Date
--------------------------------------	-----------------------	------