

Authorized Signature Form for Additional Payments
Processed through the Payroll Office

The Controller's Office maintains information to verify that the appropriate departmental budget authority, or designee, for each department has approved requests for additional payments to employees (an amount above the employee's base salary) through the Payroll Office. Refer to the Additional Payment Form available in the forms section of the Controller's Office web page to obtain information regarding when it may be appropriate to use this payment process: <http://finweb.rit.edu/controller/forms.html>

Individuals who approve additional payments to employees are verifying that the transaction is an appropriate use of Institute funds, that it meets applicable HR/Payroll policy guidelines, and that it is supported by adequate documentation. We appreciate your assistance in this effort to fulfill our joint responsibilities for closely scrutinizing Institute payroll expenditures before they are processed for payment.

Please complete the reverse side of this form as follows:

1. Indicate the names of individuals in your department(s) who are authorized to approve Additional Payment Forms.
2. Provide the department name and the 5-digit department number that this approval applies to.
3. Indicate employee type, if applicable (e.g. student employees only)
4. Indicate approval dollar limits, if applicable.
5. The department head (budget authority) must sign the form.

Please note: an additional payment cannot be payable to, and approved by, the same person even if the individual is the department head or budget authority. One level of management above the individual is required to approve the transaction.

Return the completed form to the Payroll Office, GEM, 1160. If you have questions about how to complete the form, please call 5-2381, 5-2382 or email payroll@rit.edu.

Authorized Signature Form for Additional Payment Forms

Indicate individuals authorized to approve additional payments to employees for the department(s) shown below:

Department Name: _____

Employee Name	Dept #	Employee Type
Employee Signature	Date	Amount (if applicable)
Employee Name	Dept #	Employee Type
Employee Signature	Date	Amount (if applicable)
Employee Name	Dept #	Employee Type
Employee Signature	Date	Amount (if applicable)
Employee Name	Dept #	Employee Type
Employee Signature	Date	Amount (if applicable)

Dean/Director/Department Head or Budget Authority Approval:

Dean/Director/Department Head's Name	Date
Dean/Director/Department Head's Signature	RIT Extension