

State of Idaho  
State Controller's Office  
Division of Statewide Payroll

**PAYROLL AUTHORIZATION FORM**

Agency Code \_\_\_\_\_

\_\_\_\_\_  
Pay Period Number

\_\_\_\_\_  
Pay Period End Date

\_\_\_\_\_  
Beginning Batch  
Number

\_\_\_\_\_  
Ending Batch Number

\_\_\_\_\_  
Number of Employees

\_\_\_\_\_  
Total Hours

\_\_\_\_\_  
Completed By

\*Authorized Signature  
Per Idaho Code 67-2012

Fax to Division of Statewide Payroll at 208-334-3338

\*Authorized signature must be an I-Time CPO or IPOPS Payroll Signer.