

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

**UNIVERSITY  
PERSONNEL AUTHORIZATION FORM**

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

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

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

\_\_\_\_\_  
Beginning Social  
Security Number

\_\_\_\_\_  
Ending Social  
Security Number

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

\*Authorized Signature  
Per Idaho Code 67-2012

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

\*Authorized signature must be an IPOPS Personnel Signer.