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.