MARICOPA COMMUNITY COLLEGES
COMPENSATION DEPARTMENT

AUTHORIZATION SIGNATURES for FY ____.

PAY AUTHORIZATION DOCUMENT: _____

COLLEGE / LOCATION: _____

The following employee's signatures serve as approval for payment of this type of pay authorization document:

NAME **(Type or print)**	**TITLE**	**SIGNATURE** **(As it will appear on document)**

The Compensation Department will honor any of the above signatures to pay for this type of document.

_____ _____

Chief Executive Officer **Date**

Compensation Department
6/04