

AGENCY AUTHORIZATION FOR CERTIFICATION OF PAYROLLS

DATE: _____

TO: Department of Accounts
Attention: Payroll Production

AGENCY NAME: _____

AGENCY NUMBER: _____

Pay Frequency	Voucher Number	Pay Per	Period Begin Date	Period End Date	Check Date	Current Gross Amount	Pay Type

I CERTIFY THAT I HAVE REVIEWED THE REFERENCED PAYROLL DATA IN ACCORDANCE WITH PROCEDURES OUTLINED IN THE CAPP MANUAL VOL. 1, SECTION 50815. I BELIEVE THAT THESE TRANSACTIONS ARE ACCURATE AND APPROPRIATE.

AS THE AGENCY PAYROLL OFFICER/_____, I AUTHORIZE THE DEPARTMENT OF ACCOUNTS TO KEY OUR CERTIFICATION DATA ON CIPPS AS I HAVE EXHAUSTED ALL OPTIONS AVAILABLE FOR INTERNAL CERTIFICATION.

I UNDERSTAND THAT MY AGENCY *MAY* BE REPORTED IN THE COMPTROLLER'S QUARTERLY REPORT AS INSUFFICIENT CERTIFICATION BACKUP IS CONSIDERED AN INTERNAL CONTROL WEAKNESS.

REQUESTER'S SIGNATURE: _____

FAX REQUEST FORM TO (804) 225-3499 OR (804) 786-9201 BEFORE 3:30 PM.