



Agency HCM Payroll Certification

Date: _____

Agency Name: _____

Agency Number: _____

On-Cycle	Off-Cycle	PAY GROUP	PAY PERIOD END	GROSS PAY AMOUNT	Check Date

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. A copy of the Final Calc Payroll Register totals page for each pay group is attached.

As the Agency Fiscal Officer or designee, I authorize the confirmation of the payroll groups identified above.

Signature of Fiscal Officer or Designee

Form must be submitted to SPO SharePoint folder for Confirmations no later than noon on the deadline date for confirmation of the payrolls identified above.

FOR DOA USE ONLY:

Rec'd By	Date	Time	Verified	Pay Group	Confirmation Difference