

State of Nevada Department of Administration, DHRM, Central Payroll - Signature Authorization Form

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Agency Name

Effective Date

Name (Typed or Printed)	Signature	Month/Year of Last DHRM Payroll Course *	Spec. Pay/Time Adjustment Sheet		Leave Accrual Form		Hand Type Check Request	
			Prepare	Approve	Prepare	Approve	Prepare	Approve

Appointing Authority:

Name (Typed or Printed)

Title

Signature