

The University of Kansas Medical Center
PAYROLL AUTHORIZED PERSONNEL FORM

Department Name and Number(s) Ext.

Primary Timekeeper: Ext.

Back-up Timekeeper: Ext.

Back-up Timekeeper: Ext.

Back-up Timekeeper: Ext.

Back-up Timekeeper: Ext.

This form will void any previous listing on file. Please complete the entire form for any additions or changes in personnel.

Department Head

Date

INSTRUCTIONS:

1. Complete the form fields above.
2. Print the form.
3. Have the form signed and dated by Department Head.
4. Fax completed form to 913-588-5228.

Completed form may also be hand delivered or mailed to:
KUMC Payroll University Department
Attention: Payroll Accounting Supervisor, Jan Hull
Support Services Facility, Ste. 120, MS 2010
2100 W 36th Avenue
Kansas City, KS 66160-7111