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COUNTY OF SAN BENITO

Authorize Signatures In-Lieu of the Department Head Signature for payroll timesheets.

*** Authorize signatory must be Management. Assistant or Deputy Department head positions are the preferred In-Lieu signatory. ***

DEPARTMENT: _____ DIVISIONS: _____

NAME

TITLE

SIGNATURE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAYROLL LIAISONS

NAME

TITLE

SIGNATURE

_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____

DEPARTMENT HEAD SIGNATURE

***PLEASE RETURN TO THE COUNTY PAYROLL OFFICE ***