Departmental Cost Center Authorization List

University of Central Florida
Human Resources, Payroll Services

Employee Name _____ **Employee ID#** _____

Department Name _____ **Phone** _____

PeopleSoft Operator ID (NID) _____ **Email**_____

The following departments are to be added (A) to, changed (C), or deleted (D) from the authorization list.

Department Number(s)	Department Name(s)	Action (A, C, D)

SIGNATURES
• Each user is responsible for his/her own accounts. Users are not permitted to share accounts. • Accounts will be DELETED upon termination of employment at UCF. • The Department Head's signature is required.
I, the undersigned, accept the responsibilities of a complimentary computer account as an employee of the University of Central Florida. I understand that this account is for use in administrative support. I also understand that any other uses of this account are strictly prohibited, and that Human Resources may terminate any account for improper or illegal use.

_____ _____ _____ _____

Employee Signature Date Dept. Head Approval Signature Date

For Payroll Use Only

Payroll Administrator Signature _____ Date _____

Mailing Instructions: Completed forms should be placed in a sealed envelope and forwarded to Human Resources, Attn: Payroll Services, +0140 or may be faxed to (407) 823-0582.