



Departmental Cost Center Authorization List

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.

Table with 3 columns: 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: email to payroll@ucf.edu or send via secure fax to (407) 882-9026