

State of Rhode Island Appointment of Authorized Agent

An authorized agent is a person who has been granted, by the department Director or the Governor, the authorization to approve, on their behalf certain payroll, personnel and/or fiscal documents.

Proposed Authorized Agent Information

Last Name _____ **First Name** _____ **MI** _____
Work Number _____ **E-mail** _____
Fund _____ **Agency** _____
Position Title _____ **Effective Date** _____
Termination Date (If Applicable) _____

I accept the responsibilities of an authorized agent for the Department /Agency named above, as outlined in the Department of Administration's Policy A--6, and in compliance with Title 35, Chapter 3, Section 24 of the General Laws of the State of Rhode Island.

Sample Signature: _____

The individual whose name and signature appears above is hereby authorized to sign and/or certify the documents for the accounts listed below.

Signature of Chief Executive Officer _____
Date

CONTROLLER'S OFFICE

State Controller _____
Date

FISCAL FORMS

Form Name and Number (if Applicable)	Fund	Agency	Line Item Sequence
<input type="checkbox"/> Entire Category (Includes all Forms Below)			
<input type="checkbox"/> Report of Surplus/Obsolete Equip. FA-70	_____	_____	_____
<input type="checkbox"/> Report of Fixed Asset Transfer FA-80	_____	_____	_____
<input type="checkbox"/> Report of Equipment Acquired SFA-12	_____	_____	_____
<input type="checkbox"/> Office Supplies Approver	_____	_____	_____
<input type="checkbox"/> Disbursing Officer	_____	_____	_____
<input type="checkbox"/> RIFANS Approver \$ Amount	\$ _____	_____	_____
<input type="checkbox"/> Ocean State Procures Approver \$ Amount	\$ _____	_____	_____

PAYROLL FORMS (Note: An individual cannot approve both Payroll and Personnel Forms)

Form Name and Number (if Applicable)	Legacy Account Number(s)
<input type="checkbox"/> Entire Category (Includes all Forms Below)	
<input type="checkbox"/> Payroll Attendance Report A-80	_____
<input type="checkbox"/> Automated Attendance Certificate A-80 Sub	_____
<input type="checkbox"/> Payroll Adjustment A-88	_____
<input type="checkbox"/> State Time & Attendance Access Form (STARS)	_____

PERSONNEL FORMS (Note: An individual cannot approve both Payroll and Personnel Forms)

Form Name	Legacy Account Number(s)
<input type="checkbox"/> All Personnel Forms	_____
<input type="checkbox"/> The Following Forms Only:	
Form Name and Number (if Applicable)	Legacy Account Number(s)
_____	_____
_____	_____
_____	_____