

RIFAN'S 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 State's Procedural Handbook, Section 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	Form Number	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"/> RIFans User Authorization				
<input type="checkbox"/> Office Supplies Order Form		_____	_____	_____
<input type="checkbox"/> Disbursing Officer		_____	_____	_____
<input type="checkbox"/> RIFANS Approver \$ Amount		_____		

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

Form Name	Form Number	Legacy Account Number
<input type="checkbox"/> Entire Category (Includes all Forms Below)		
<input type="checkbox"/> Payroll Attendance Report	A-80	_____
<input type="checkbox"/> Automated Attendance Cert.	A-80 Sub	_____
<input type="checkbox"/> Payroll Adjustment	A-88	_____
<input type="checkbox"/> State Time and Attendance Report (STAR)		_____

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

Form Name	Legacy Account Number
<input type="checkbox"/> All Personnel Forms	_____
<input type="checkbox"/> The following Forms Only	_____

Form Name	Form Number	Legacy Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____