

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 of Authorized Agent: _____

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 Appointing Officer	Printed Name	Title	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)
_____	_____
_____	_____
_____	_____