

INSTRUCTIONS

This form must be completed in order to establish, change, or remove authorization for payroll related transactions that are submitted to GAO Central Payroll for processing.

Once completed, send to GAO Central Payroll one of the following ways:

GAO Central Payroll
 100 N. 15th Avenue, Suite 302
 Phoenix, AZ 85007

FAX: (602) 364-2215

EMAIL: Central.Payroll@azdoa.gov

AGENCY CODE	AGENCY NAME	EFFECTIVE DATE	END DATE
-------------	-------------	----------------	----------

1.) PAYMENT AUTHORIZATION (CAN APPROVE HANDWRITE PAYMENTS)
 Recommended to include Assistant Director, CFO, or Payroll Manager **GAO-99A**

Add or Update <input type="radio"/>	No Change <input type="radio"/>	Remove <input type="radio"/>	EIN	NAME	HRIS USER ID	PHONE	EMAIL
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

2.) TRANSACTION AUTHORIZATION (CAN APPROVE PAYROLL TRANSACTIONS)
 Recommended to include Payroll Manager or Senior Payroll Staff **GAO-70, GAO-70A, GAO-70B, GAO-73A**

Add or Update <input type="radio"/>	No Change <input type="radio"/>	Remove <input type="radio"/>	EIN	NAME	HRIS USER ID	PHONE	EMAIL
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

CERTIFICATION BY AGENCY HEAD, DEPUTY AGENCY HEAD, OR CHIEF FINANCIAL OFFICER

I hereby certify that I am the agency head, deputy, or chief financial officer for the agency indicated above. I understand that any changes to the above security authorizations will be communicated immediately to GAO Central Payroll with an updated GAO-3P sent to Central.Payroll@azdoa.gov.

SIGNATURE	DATE	EIN	PHONE
NAME	TITLE	EMAIL	