

Payroll Disbursement Approval Delegation Form

Employee Details

Name	<input type="text" value="Employee's Full Name"/>
Position/Title	<input type="text" value="Job Title"/>
Department	<input type="text" value="Department"/>
Employee ID	<input type="text" value="ID Number"/>

Delegate Details

Delegate Name	<input type="text" value="Delegate Full Name"/>
Delegate Position	<input type="text" value="Job Title"/>
Delegate Employee ID	<input type="text" value="ID Number"/>

Delegation Period

Start Date	<input type="text"/>
End Date	<input type="text"/>

Scope of Authority

Specify scope or any payroll processes authorized (e.g., approval for monthly payroll, overtime, bonuses, etc.)

Reason for Delegation

Reason for delegation (e.g., annual leave, business trip, etc.)

Approvals

Employee Signature		Date	
Delegate Signature		Date	
HR/Payroll Officer		Date	

Important Notes

- This form must be completed and approved prior to the delegation period.
- The delegating employee remains ultimately responsible for payroll actions during the delegation period.
- Delegation is only valid within the specified dates and for the detailed scope of authority above.
- Submit the completed form to HR or Payroll department for official record.