

Payroll Disbursement Approval Delegation Form

Employee Details

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|----------------|---|
| 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

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| <input type="text" value="Specify scope or any payroll processes authorized (e.g., approval for monthly payroll, overtime, bonuses, etc.)"/> |
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Reason for Delegation

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