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| **OFFICE OF THE STATE CONTROLLER**  **PERSONNEL/ PAYROLL SERVICES DIVISION**        **POSITIVE ATTENDANCE**      **PAYROLL INPUT FILE**  **672 TRANSACTION**                                **PPSD**  **REV: November 2020** |
|  |

**PAYROLL TRANSACTION INPUT FILE**

**672 POSITIVE ATTENDANCE**

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APPENDIX I

File Specification Form 18

# I. General Requirements

A. Following are the guidelines for obtaining authorization to submit input transaction files through the Uniform State Payroll System maintained by the State Controller’s Office (SCO).

1. All files submitted must comply with the formats and requirements outlined in this package.

1. Separate files must be established for each transaction type to be processed due to the variable requirements for payroll transactions in the Payroll System.

1. To initiate the process, provide a completed File Specification Form to Personnel and Payroll System Support Unit 3 (PPSSU3) least *one month prior* to the date actual transaction files are to be submitted (see Sections II & III for requirements).

1. All documentation must be signed by an *authorized* representative of your Personnel Office (i.e., Personnel Officer, Transactions Manager, etc.).

1. Authorization to process actual transaction files cannot be granted until all test files process correctly.

1. If your department develops a new system from which payroll transaction files will be generated, you must test the transaction again. For example, if changing from one Human Resources system to another, new test files must be submitted to SCO for any transactions that will be generated by the new system.

1. Route all correspondence to:

# State Controller’s Office

Personnel/Payroll ServicesDivision (PPSD)

P. O. Box 942850

Sacramento, CA. 94250-5878 **Attention:** PPSSU3

1. Notify PPSSU3 *in writing* of any changes to the file generation process or the information on the File Specification Form.

1. Notify PPSU3 *in writing* should you wish to terminate the input file process.

1. Once the process has been established and authorization has been granted for a particular transaction, files may be submitted on a regular basis.

1. Only transaction records for **original payments** may be submitted on the file. *No adjustments to pay may be submitted on this file.*

**II. FILE SPECIFICATION FORM**

# A. Requirements

1. The File Specification Form details the characteristics of the file and initiates the agreement between your department and the State Controller's Office.

1. Listed below are the guidelines for completing the form (see sample form).

* 1. Review and complete all items on the form.

* 1. The form must be signed by an *authorized* representative of your

Human Resource Office (i.e., Personnel Officer, Transactions Manager, etc.).

1. Return the completed form to PPSSU3 at least *one month prior* to the date actual transaction files are to be submitted.

# State Controller’s Office

Personnel Payroll Services Division

P.O. Box 942850

Sacramento, CA. 94250-5878 **Attention:** PPSU3

1. Your department should retain a copy of the completed File Specification Form along with this transaction instruction booklet for future reference.

1. A blank File Specification Form is included for your use in Appendix I.

**STATE CONTROLLER’S OFFICE**

**PERSONNEL/PAYROLL SERVICES DIVISION**

**POSITIVE ATTENDANCE FILE SPECIFICATION FORM**

# SAMPLE

TO: State Controller's Office

Personnel Payroll Services Division

P. O. Box 942850

Sacramento, Ca. 94250-5878



**Attention:**

PPSSU3

RE:

**PAYROLL TRANSACTION INPUT FOR 672 POSTIVE ATTENDANCE PAYMENTS**

**VIA FTP FILE**

1

.

We hereby request the State Controller's Office to accept and process files containing

payments for input into the Uniform State Payroll System via FTP

2

.

The file characteristics are:

Transaction Code:

**672**

**Positive Attendance**

Record Length:

**200**

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3

The Department anticipates submitting input files beginning the month and year of:

03

/2019

.

4

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Files to be accessed via electronic file transfer (FTP).

**PD.PAYROLL.FTP.\_\_\_\_\_\_\_.TRN672.Dmmddyy\*.PR1300**

5

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The following representative(s) from the agency to whom the State Controller's Office can

direct inquiries in the event problems are encountered and who will be performing the actual

file transfers are:

Name (First MI Last)

Bea R. Guest

Telephone: (555)016-4949

Email

Address:

brguest@office.ca.gov

Current SCO User

ID:

PYBRG

*if applicable)*

*(*

Name (First MI Last)

Sue Z. Que

Telephone: (555)033-4522

Email

Address:

szque@office.ca.gov

Current SCO User

ID:

N/A

*(if applicable)*

***Note:*** *It is extremely important that the Full name and e-mail addresses provided are accurate for the individuals who will ultimately be performing the file transfers. Information provided on the Participation Request form will be used to validate and authorize your request for system access.*

1. We understand that the user id issued to the staff above are to be kept confidential and not to be shared. The user id is connected to confidential information that will be handled accordingly.

1. Mailing address:



**Office of the State**

**Front Street**

**123**

**Ocean Beach, CA 99222**

8

.

We agree to notify the State Controller's Office

*in writing*

of any change made to this

agreement.

.

9

We agree to notify the State Controller's Office

*in writing*

should we desire to terminate

this agreement.

. We agree to indemnify, defend, and save harmless the State Controller’s Office and its

10

officers, agents and employee’s from any and all claims and losses that may result from

reporting payments via FTP.

. We understand and agree to the requirements and conditions set forth for submitting

11

these transaction files through the State Controller's Payroll System. The undersigned

signature is a person authorized to sign payroll documents authorizations and

constitutes validation of the requesting source.

Office of the State

*Agency Name*

Harvey Davidson

555-016-4856

*Name of Authorized Representative (Please Print)*

*Phone*

*Harvey*

*Davidson*

Personnel Officer

*Signature of Authorized Representative*

*Title*

/03/2019

01

*Date*

# III. TESTPROCESS

1. The State Controller’s Office requires agencies to provide test files and materials to verify compliance with SCO guidelines. SCO performs two separate tests.

1. Authorization to process actual transaction files cannot be granted until the test files process successfully.

1. To initiate testing, provide the completed File Specification Form to PPSSU3. A blank form is provided in Appendix I. Refer to Section II for completion instructions.

1. SCO staff will test with a department at least one month prior to the effective month actual transaction files are targeted to be submitted.

1. Level 1 Testing verifies the transaction meets the required format and passes the system edits. ***The record length needs to be 200 with a 10 day expiration date.***

The file needs to be in ASCII format as binary files cannot be processed. The Test file:

* 1. Should contain at least 5 and no more than 10 records.
  2. Must include a Batch Control Record and Detail Records that comply with the formats in Section VI.
  3. Must have the Batch Control Record as the first record on the file.
  4. Must have a Batch Number assigned by PPSSU3 in position 76 – 80 of the Batch Control Record.
  5. Should have time values in the Detail Record that are appropriate for the transaction. (Refer to the Payroll Procedures Manual for the payroll transaction guidelines.)
  6. The File Transmittal email must be completed and sent per the instructions in Section IV. This email should be sent to the SCO staff performing the test.

SCO staff will perform the first test upon receipt of the File Transmittal email. If the test is unsuccessful, you will be notified of the errors so a corrected file may be submitted. If the test file processes successfully, you will be notified to submit a mini file of actual data transactions.

2. Level 2 Testing processes a small number of actual transactions through the Payroll system to verify the record passes the data audits and successfully generates a warrant. The mini test materials requirements are:

1. Must contain actual transactions from which Payroll warrants will be written.
2. Must have all transactions from the same Agency/Reporting Unit. (This will expedite the redeposit of any warrants that may generate incorrectly from the test.)
3. Must have at least 5 but not more than 10 transactions on the file.
4. Must have the Batch Control Record as the first record on the file.
5. Must have a Batch Number assigned by PPSSU3 in position 76 – 80 of the Batch Control Record.
6. Should have time values in the Detail Record that are appropriate for the transaction. (Refer to the Payroll Procedures Manual for the payroll transaction guidelines.)
7. The File Transmittal email must be completed and sent to the SCO staff that is performing the test.

SCO staff will perform the live test through the next daily Payroll cycle upon receipt of the File Transmittal email. If the test is unsuccessful, you will be notified of the errors so a corrected file may be submitted. If the test file processes successfully, you will be notified in writing to begin submitting actual transaction files.

**IV. FILE TRANSMITTAL FORM**

The File Transmittal Form is used to notify State Controller's Office (SCO) when there is a transaction file to be processed. A completed email must be submitted for each file you want to process through the Payroll System.

*PPSSU3 will provide each organization with a customized file transmittal email once the FTP process for the file transfer has been established for the organization.*

# A. Requirements

Following are the guidelines for submitting Payroll transaction files to the State Controller’s Office (SCO) using the email process on an ongoing basis.

1. The email process enables departments to submit transaction files for processing through the payroll system by sending an email with the Transmittal information to SCO.

1. All transaction files must comply with the record formats and overall requirements outlined in Section VI for submitting Payroll files.

a. The File Transmittal email is used to certify the pay.

1. Transaction files may not be submitted on the Master Payroll cut-off cycle.

Note: Files submitted on Master Payroll cutoff will not be processed and will not be held for future cycles.

1. Transaction files must be transmitted to SCO by 12:00 P.M. in order to be processed through that night’s payroll cycle. If that day is not a payroll cycle day then the file will not be processed.

1. A completed File Transmittal email must be sent to SCO by 12:00 P.M. for each file submitted or the file cannot be processed.

1. Questions regarding the submission of transaction files should be directed to SCO’s PPSSU3 Unit at ppsdftpreporting@sco.ca.gov.

Note: Do not contact SCO Production Data Guidance regarding processing the transaction files or to request an extension on the required time for submitting files. Authorization to accept or process files through the payroll system can only be provided by SCO’s PPSSU3 Unit.

1. Send a transmittal email to SCO staff to notify them that a File has been uploaded.

The email should be sent to the following: ppsdftpreporting@sco.ca.gov.

A. **Re quirements**

Complete the following items in the File Transmittal email:

1. **From**

Enter your department name.

# 2. Contact

Enter the name of the *Personnel or Payroll Office* person to be contacted for any questions or problems that may arise in processing the file.

3. **Phone**

Enter the phone number of the contact person.

# 4. Pay Period

Enter the pay period of the payments.

5. **Batch No.**

Enter the permanent Batch Number assigned to your department for this transaction process.

7. **Record Count**

Enter the total number of records on the file.

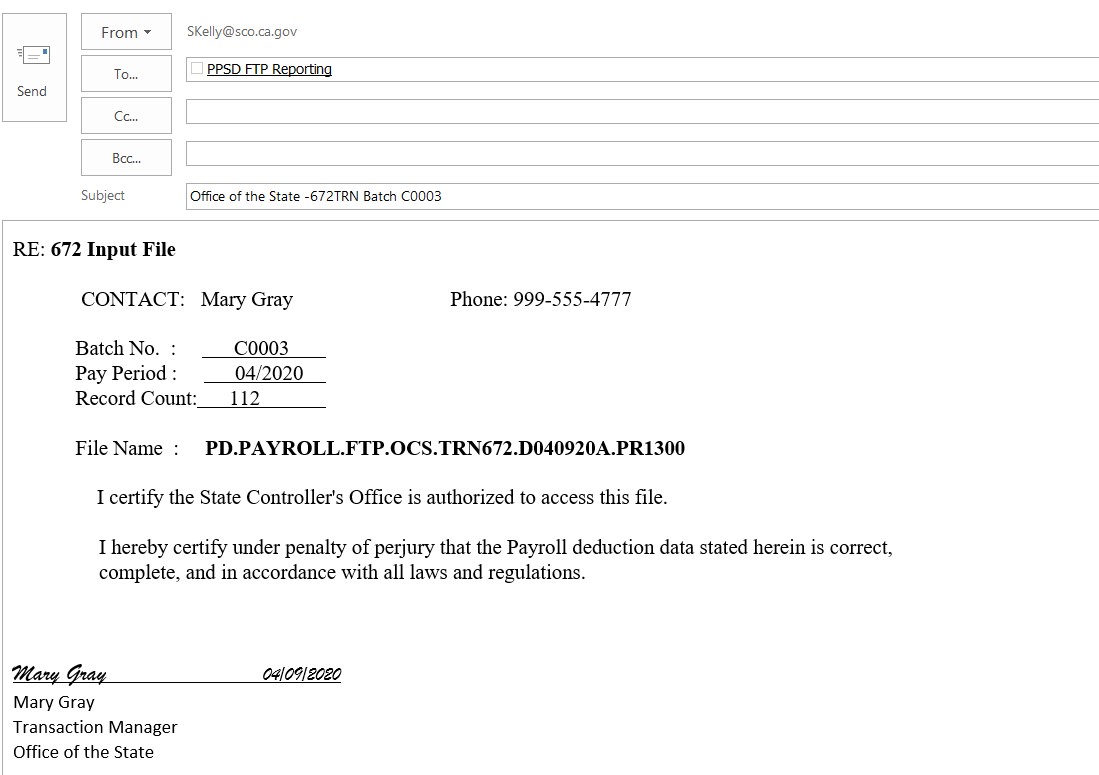
# 8. Authorized Signature

The transmittal form must be signed with an representative of your Human Resource Office authorized to submit pay (i.e., Transactions Manager, Personnel Specialist, etc.). We will accept an electronic signature.

# 9. Date

Enter the current date.

SAMPLE TRANSMITTAL EMAIL



10

**V. RECORD FORMATS**

**&**

**FILE DEFINITIONS**

11

09

/95

C. WISE

06

/2008

J. CARDA

Format Title:

**672**

**TRANSACTION INPUT**

# 672 POSITIVE PAY BATCH CONTROL RECORD

**Program Originating Format (Number, File Code, and Name)**

FILE NAME: **BATCH CONTROL**

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| TRANS  CODE  ''000' | | | NUMBER  OF TRANS | | | | TOTAL DAYS  TO BE PAID | | | | | TOTAL HOURS TO BE  PAID | | | | | | | | SALARY RATE TOTAL | | | | | | | | | FILLER | | | | | | | | | | | | | | | | | | | | |
| 9(3) | | | 9(4) | | | | 9(5) | | | | | 9(6)v99 | | | | | | | | 9(7)V99 | | | | | | | | | X(46) | | | | | | | | | | | | | | | | | | | | |

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| 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| FILLER CONTINUED | | | | | | | | | | | | | | | | | | | | | | | | | BATCH  NUMBER | | | | | FILLER | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | 9(5) | | | | | X(120) | | | | | | | | | | | | | | | | | | | |

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| FILLER CONTINUED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**FORMAT**

**DESCRIPTION**

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| FILLER CONTINUED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| X |
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Labels: Standard Record Format: Fixed - F Record Length: 200

Non-Standard Variable - V Records Per Block: 10

No Labels Undefined -U Blocksize: 2000

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| --- |
| X |
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Input

Output

Page 1 of 1

## POSITIVE ATTENDANCE – 672 BATCH CONTROL

**LOCATION FIELD LENGTH PICTURE DESCRIPTION**

1 - 3 Transaction Code 3 9(3) Enter '**000**'.

4 - 7 Number of Transactions 4 9(4) Count of the total number of detail transactions on the

file. Entire field must be completed with preceding zeros. *Example: A total count of 50 must be entered as 0050.*

8 - 12 Total Days to be Paid 5 9(5) If no days to be paid, enter zeros.

13 - 20 Total Hours to be Paid 8 9(6)V99 Enter the total number of Hours to be Paid in hours and

hundredths of hours of the detail transactions on the file.

Entire field must be completed with preceding zeros.

*Example: 1550.5 hours must be entered as 00155050.*

.

21 - 29 Salary Rate Total 9 9(7)V99 Enter the total Salary Rate in dollars and cents of the

detail transactions on the file. Entire field must be

completed with preceding zeros.

*Example: $100.50 must be entered* as *000010050.*

30 - 75 Filler 46 X(46) Leave blank.

76 - 80 Batch Number 5 9(5) Enter the Batch Number assigned by SCO for this process.

81 - 200 Filler 120 X(120) Leave blank.

# PAYROLL INPUT FILE - 672 POSITIVE ATTENDANCE

09

/95

06

/2008

C. WISE

J. CARDA

**POSITIVE ATTENDANCE 672**

**Program Originating Format (Number, File Code, and Name)**

File Name: **PAYROLL TRANSACTION** Format Title:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 | 176 | 177 | 178 | 179 | 180 | 181 | 182 | 183 | 184 | 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 |
| FILLER CONTINUED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | | FILLER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X(150) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | | FILLER CONTINUED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Labels: X Standard Record Format: X Fixed - F

Record Length: 200 X Input

2000

Non-Standard Variable - V Records Per Block: 10 Output

No Labels Undefined -U Blocksize: Page 1 of 1

**POSITIVE ATTENDANCE 672 TRANSACTION**

## LOCATION FIELD LENGTH PICTURE DESCRIPTION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 - 3 Transaction Code 3 9(3)

4 - 12 Social Security Number 9 9(9)

1. First Initial 1 X
2. Middle Initial 1 X
3. - 17 Surname 3 X(3)

18 - 20 Agency Code 3 9(3)

21 - 23 Reporting Unit 3 9(3) 24 - 27 Class Code 4 9(4)

28 - 30 Serial Number 3 9(3)

1. Pay Period Type 1 X

1. – 33 Pay Period Month 2 9(2)
2. Pay Period Year 1 9
3. - 36 Days to be Paid 2 9(2)

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Enter **'672'**.

Enter Social Security Number OR Interim Number.

Enter First Initial, if any, or leave blank.

Enter Middle Initial, if any, or leave blank.

Enter first 3 letters of the Surname. If employee Surname has a space, hyphen or special characters within first 3 letters, compact the name.

*Example: 'O’Neal' must be entered as 'ONE'*.

Enter Employee’s regular Position Number.

(i.e., agency, unit, class & serial).

Enter the appropriate type:

1. – Monthly
2. – 1st ½ Semimonthly
3. – 2nd ½ Semimonthly

Enter the month and the last digit of the year for the payment.

Enter days to be paid of Call/Standby shifts. Otherwise, enter zeros. Entire field must be completed with preceding zeros.

Example: 5 days must be entered as 05. *Time values must be appropriate for the transaction as specified in the Payroll Procedure Manual(PPM).*

**POSITIVE ATTENDANCE 672 TRANSACTION**

## LOCATION FIELD LENGTH PICTURE DESCRIPTION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 37 - 41  42 – 48 |  | Hours to be Paid  Salary Rate |  | 5  7 |  | 9(3)V99  9(5)V99 |  | Enter time in hours and hundredth of hours. If no hours, enter zeros. Entire field must be completed with preceding zeros.  *Time values must be appropriate for the transaction as specified in the Payroll Procedure Manual(PPM).*  Leave Blank (spaces).  Note: Salary Rate must be entered for the following conditions only:   * Trade Rate Employees * Variable Pay Scale Employees * Multiple Hourly Rate * Employees with salary changes in the same position during the pay period. Enter each rate separately if payable.   If salary is entered, complete the entire field with preceding zeros.  Example: Enter $8.75 as 0000875. |
| 49 |  | Payment Type |  | 1 |  | X |  | Enter zero or leave blank for regular pay. |
| 50 |  | Salary Differential |  | 1 |  | X |  | Leave Blank |
| 51-200 |  | Filler |  | 150 |  | X(150) |  | Leave Blank |

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**APPENDIX I**

**BLANK FORMS**

**STATE CONTROLLER’S OFFICE**

**PERSONNEL/PAYROLL SERVICES DIVISION**

**POSITIVE ATTENDANCE FILE SPECIFICATION FORM**

TO: State Controller's Office

Personnel Payroll Services Division

P. O. Box 942850

Sacramento, Ca. 94250-5878

**Attention:** PPSSU3

## RE: PAYROLL TRANSACTION INPUT FOR 672 POSITIVE ATTENDANCE PAYMENTS VIA FTP FILE

1. We hereby request the State Controller's Office to accept and process files containing payments for input into the Uniform State Payroll System via FTP

1. The file characteristics are:

Transaction Code: **672 POSITIVE ATTENDANCE** Record Length: **200**

1. The Department anticipates submitting input files beginning the month and year of:

.

1. Files to be accessed via electronic file transfer (FTP):

## PD.PAYROLL.FTP.xxx.TRN672.Dmmddyy\*.PR1300

5. The following representative(s) from the agency to whom the State Controller's Office can direct inquiries in the event problems are encountered and who will be performing the actual file transfers are:

Name (First MI Last) Telephone

Email Address: Current SCO User ID:

*(if applicable)*

Name (First MI Last) Telephone

Email Address: Current SCO User ID:

*(if applicable)*

Name (First MI Last) Telephone

Email Address: Current SCO User ID:

*(if applicable)*

***Note:*** *It is extremely important that the Full name and e-mail addresses provided are accurate for the individuals who will ultimately be performing the file transfers. Information provided on the Participation Request form will be used to validate and authorize your request for system access.*

1. We understand that the user id issued to the staff above are to be kept confidential and not to be shared. The user id is connected to confidential information that will be handled accordingly.

1. Mailingaddress:

1. We agree to notify the State Controller's Office *in writing* of any change made to this agreement.

1. We agree to notify the State Controller's Office *in writing* should we desire to terminate thisagreement.

1. We agree to indemnify, defend and save harmless the State Controller’s Office and its officers, agents and employee’s from any and all claims and losses that may result from reporting payments via FTP.

1. We understand and agree to the requirements and conditions set forth for submitting these transaction files through the State Controller's Payroll System. The undersigned signature is a person authorized to sign payroll documents authorizations and constitutes validation of the requesting source.

*Agency Name*

|  |  |  |
| --- | --- | --- |
| *Authorized Representative (Please Print)* |  | *Phone* |
| *Signature of Authorized Representative* |  | *Title* |

*Date*