



UNIVERSITY OF  
SAN FRANCISCO

Office of Student Employment  
Student Financial Services  
2130 Fulton Street, LMM 201A  
San Francisco, CA 94117-1080  
415.422.6770 phone  
415.422.2203 fax  
[stuemp@usfca.edu](mailto:stuemp@usfca.edu)

## PAYROLL AUTHORIZATION FORM

Please provide the names and signatures of persons from your agency authorized to approve Federal Work-Study time sheets. By signing this form, the persons agree to complete the process necessary to obtain and maintain a USFWorks (Workday) account. At least one representative from the agency will be required to certify FWS time sheets in USFWorks.

**AGENCY NAME:**

\_\_\_\_\_

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_  
Title \_\_\_\_\_

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_  
Title \_\_\_\_\_

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_  
Title \_\_\_\_\_

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_  
Title \_\_\_\_\_

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_  
Title \_\_\_\_\_

**Please notify the USF Student Employment Office in writing to change or revise authorizations.**