

Letter of Authorization Signature List for HRIS/SPRS/USPS/CAPPS Data Changes

Agency name	Agency number
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Employee name	Employee phone number
Email address	
Division	Effective date
sign here ▶	

Employee name	Employee phone number
Email address	
Division	Effective date
sign here ▶	

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Email address	
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Email address	
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sign here ▶	

The above employees are hereby authorized to submit letters of authorization for data changes.	
sign here ▶ Authorized by:	Date