

## HR/PAYROLL LIAISON FORM

(Please use one form for each separate department timekeeping organization.)

Name of Department: \_\_\_\_\_

Time Keeping Organization: \_\_\_\_\_

Campus Address: \_\_\_\_\_

HR/Payroll Liaison: \_\_\_\_\_

Email Address of Liaison: \_\_\_\_\_

Phone Number of HR/Payroll Liaison: \_\_\_\_\_

Alternate HR/Payroll Liaison: \_\_\_\_\_

Email Address of Alternate: \_\_\_\_\_

Phone Number of Alternate: \_\_\_\_\_

If the above Payroll Liaison or Alternate Payroll Liaison should leave the department, I understand that I need to contact the payroll office as soon as possible to designate a new liaison.

\_\_\_\_\_  
Signature of Department  
Dean/Director

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Date