

Letter of Authorization for SPRS Payroll Override

An employee authorized to approve payrolls must sign this form. Fax the completed form to the number listed below **before noon on the payroll processing date**. It is valid only for that date.

For help, contact your Statewide Human Resource and Payroll Assistance representative at the Texas Comptroller of Public Accounts.

Agency Name: _____

Agency Contact for this Override: _____ Phone Number: (____) _____

Payroll Processing Date: _____ Agency Number: _____

Employee Social Security Number(s)—All SSNs to be overridden:

Detailed Reason for the Override:

I authorize the Texas Comptroller of Public Accounts to proceed with this override.

Printed Name: _____ Phone Number: (____) _____

Authorized Signature: _____
Agency Employee on Comptroller's Office Voucher Signature Card

Fax the completed form with any supporting documentation to the Comptroller's office at (512) 475-0887 before noon on the payroll processing date.

CPA Use Only

Received by: _____ Date: _____ Time: _____

Reviewed by: _____ Date: _____ Time: _____

SSN Override Document Override Agency Override

Document Number(s): _____

Comments: _____

Approved by: _____ Date: _____

Follow-up action required: Yes No Explain: _____

Date Completed: _____ Initials: _____