

# Letter of Authorization Signature List for CAPPS HR/Payroll, HRIS, SPRS, USPS Data Changes

Agency name	Agency number
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Employee name	ACID or CAPPS User ID	Employee phone number
Email address		
Division		Effective date
<b>sign here</b> ▶		

Employee name	ACID or CAPPS User ID	Employee phone number
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<b>The above employees are hereby authorized to submit letters of authorization for data changes.</b>		
<b>sign here</b> ▶ Authorized by:	ACID or CAPPS User ID	Date