

Letter of Authorization for SPRS Payroll Override

An employee authorized to approve payrolls must sign this form. FAX the completed form to 512-475-0887 **before noon on the payroll processing date**. This request 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: _____

Payroll processing date: _____ Agency number: _____

Agency contact for this override: _____ Phone number: _____

Employee Social Security number(s) to be overridden:

Federal Privacy Act Statement

Disclosure of your Social Security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law, 42 U.S.C. sec. 405(c)(2)(C)(i); Texas Govt. Code Sections 403.011, 403.056, and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

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.

For 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: _____