



County of Henrico, Virginia

INTEROFFICE MEMORANDUM

TO: Agency Heads and Key Officials **SUBJECT:** Authorization to Approve Personnel Forms
FROM: Director of Human Resources **DATE:** October 3, 2005

The Department of Human Resources is in the process of updating all signatures and approvals that allow specific personnel within your agency authorization to approve personnel forms. Attached is a form for updating the names in your agency that you wish to grant this authorization. If you have any questions please feel free to contact Joanne Seay at 501-5278 or you may contact Pat Brown at 501-4382 or Mary Harris at 501-4384. Please review the bullets below for additional considerations when completing the form.

- Complete with current employee authorization information. You can also fill this form out online at: <http://virtual.henrico/hr/forms/authorize-2sign.pdf>. ** If filled out online the form can be printed for signature.**
- If there are any restrictions, also complete the "Special Considerations" section for each person.**
- If you need to remove an individual's signature authority now or in the future, please complete the section at the bottom of the form.**
- The form must be signed by you as Agency Head.**
- Once the form is completed and signatures obtained, please mail to Joanne Seay in the Department of Human Resources by Friday, October 14, 2005.**

George H. Cauble, Jr., SPHR

Attachment



County of Henrico, Virginia
INTEROFFICE MEMORANDUM

TO: Director of Human Resources

SUBJECT: Authorization to Approve
Personnel Forms

FROM:

DATE:

I hereby delegate the following individuals the appropriate authorization to approve personnel forms for this agency. This authorization includes, but is not limited to, personnel forms such as P-3, P-10, and performance evaluations. Any exception is noted under 'Special Considerations' below. This change is to become effective on _____.

Name	Title	Signature
<i>Special considerations (if applicable)</i>		
Name	Title	Signature
<i>Special considerations (if applicable)</i>		
Name	Title	Signature
<i>Special considerations (if applicable)</i>		
Name	Title	Signature
<i>Special considerations (if applicable)</i>		
Name	Title	Signature
<i>Special considerations (if applicable)</i>		
Name	Title	Signature
<i>Special considerations (if applicable)</i>		
Name	Title	Signature
<i>Special considerations (if applicable)</i>		

Please remove the following individual(s) from the list of individuals previously authorized to approve personnel forms for this agency.

Name	Title

Agency Head Signature: _____

Date: _____