



222 Administration Building • Fayetteville Arkansas 72701 • (479) 575-5351 • (479) 575-6971 (FAX)

Human Resources

AUTHORIZATION FOR ACCESS TO PAYROLL RECORDS

Date : _____

UofA ID# _____

UofA Employee Name: _____

UofA Employee Date of Birth: _____

In order to verify that a caller is your authorized representative, we ask that you set up a verification keyword or phrase. You will need to share this keyword with your representative.

Keyword: _____

Representative Information

Name: _____

Address: _____

City, State, Zip _____

I authorize the University of Arkansas Human Resources Payroll to provide access to my payroll records to my representative. By giving this authorization, I understand that information that my representative may see includes but is not limited to taxing status, salary, and deductions from pay. This agreement remains in force until revoked by the University employee in writing.

Employee Signature _____

Date: _____