# Payroll Authorization Form

**Purpose:** This payroll authorization form streamlines employee payment approvals while incorporating essential tax withholding details. Complete all fields to ensure accurate processing and proper tax deductions.

## Employee Information

| Employee Name | | Employee ID | |
|---|---|---|---|
| Department | | Position | |
| Date of Hire | | Pay Period | |

## Payment Details

| Payment Type | ☐ Salary  ☐ Hourly  ☐ Bonus  ☐ Other | Amount | |
|---|---|---|---|
| Hours Worked (if hourly) | | Overtime Hours | |
| Other Compensation | | | |

## Tax Withholding Information

| Federal Tax Withholding | | State Tax Withholding | |
|---|---|---|---|
| Social Security | | Medicare | |
| Other Deductions (401k, insurance, etc.) | | | |

## Authorization

| Employee Signature | | Date | |
|---|---|---|---|
| Supervisor/Manager Signature | | Date | |
| Payroll Department Approval | | Date | |

Please attach this form to the relevant timesheets and submit to the Payroll Department. All information provided will be kept confidential and used solely for payroll and compliance purposes.