



Utah Retirement Systems
 PO Box 1590
 Salt Lake City, Utah 84110-1590
 801-366-7318
 800-753-7318
 801-366-7759 Fax

PERSONNEL AUTHORIZATION

- INSTRUCTIONS:**
1. An Employer Representative should complete this form with each person being authorized.
 2. Notify your web administrator to remove website accesses for person(s) listed in Section D, as appropriate.
 3. Confirm all required signatures are included in Section E.
 4. Keep a photocopy of this form for your records; mail or fax the original to URS.

SECTION A - EMPLOYER INFORMATION (Please type or print clearly in black ink.)

Employer Name (State agency name, if applicable)	Employer Number	Agency Number (if applicable)
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SECTION B - AUTHORIZED PERSONNEL

Name of Person Being Authorized	Title	Phone Number - -
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Mailing Address for Correspondence	E-mail Address
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City	State	Zip	Fax Number - -
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The person named above is authorized to represent the employer regarding the following retirement systems:

Public Employees'
 Public Safety
 Firefighters'
 Judges'

SECTION C - CONTACT FUNCTIONS

Designate one person only, if any, as a contact for the functions listed below. A new authorization cancels a previous authorization for these functions.

- | | |
|--|---|
| <input type="checkbox"/> Executive administrator (AD) | <input type="checkbox"/> Fire chief (FC) |
| <input type="checkbox"/> Business administrator (BA) | <input type="checkbox"/> Information technology applications interface (IT) |
| <input type="checkbox"/> Receives contribution billings (BL) | <input type="checkbox"/> Receives long-term disability notices (LT) |
| <input type="checkbox"/> Receives contribution credit notices (CK) | <input type="checkbox"/> New hire contact (NH) |
| <input type="checkbox"/> Chief of police or sheriff (CP) | <input type="checkbox"/> Receives public safety certification requests (PS) |
| <input type="checkbox"/> Provides contribution information and payments (CR) | <input type="checkbox"/> Receives verification of termination requests (VT) |
| <input type="checkbox"/> Receives payroll deductions notices (DC) | <input type="checkbox"/> Website access administrator (WA) |

Designate one or more persons, if any, as a contact for the functions listed below. Complete Section D below to cancel any previous authorizations for these functions.

- | | |
|---|---|
| <input type="checkbox"/> External accountant or accounting service (AC) | <input type="checkbox"/> Provides and receives requests for employee benefit plan coverage dates, hours worked, pay rates and eligibility status (SR) |
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Designate one or more persons as a contact to receive the URS materials listed below. Complete Section D below to cancel any previous authorizations for these functions.

- | | |
|---|--|
| <input type="checkbox"/> <i>Employer's Guide</i> (EG) | <input type="checkbox"/> Quarterly retirement counseling schedule (QC) |
| <input type="checkbox"/> <i>The Inside Story</i> (IS) | |

SECTION D - PERSONNEL AND FUNCTIONS TO BE REMOVED AS AUTHORIZED

* Your web administrator must remove website accesses that no longer apply to persons listed in this Section.

Name of Person and/or Function(s)	<input type="checkbox"/> All functions* <input type="checkbox"/> Only Function Codes:
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Name of Person and/or Function(s)	<input type="checkbox"/> All functions* <input type="checkbox"/> Only Function Codes:
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SECTION E - SIGNATURES

Signature of Newly Authorized Person	Date (mm/dd/yyyy)
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Signature of Employer Representative	Title	Date (mm/dd/yyyy)
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