UCSD POLICY AND PROCEDURE MANUAL	Index	What's New Alphabetical Guide			
PAYROLL					
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EXHIBIT C-2

University of California, San Diego

PAYROLL/PERSONNEL SYSTEM (PPS) DEPARTMENT/UNIT DELEGATION OF UPDATE USAGE & REVIEW

DEPARTMENT/UNIT NAME ______

I understand that the present payroll system, provided to this campus by the Office of the President, allows a department and/or organizational unit direct access to the Employee Data Base (EDB) with the ability to create records and to change existing information. In addition, as chair/director of

______ Department/unit, I am aware that the responsible management and accounting of university funds delegated to me by the Chancellor has been expanded to include the processing and reviewing of payroll data within the payroll system. Therefore, I hereby certify that redelegation by me within the Department/Unit of _______, indicated on the attached forms, is in accordance with current campus and university policies and procedures.

CHAIF	R/DIRECTOR:		
		(Name Typed)	(Signature)
	OL/COLLEGE/ NIZATION:		
(Optio	nal)	(Name Typed)	(Signature)
Certification pr	epared by:		
		(Name Typed)	(Signature)
Date:		Phone:	
Attachments			
Distribution:	Department A Department S	dministration ecurity Administrator (DSA)	