COUNTY OF HENRICO

Signature Form

Time Reporting Authorization

Names	Signatures
_____	_____
_____	_____
_____	_____
_____	_____

Requested by:

_____

Signature of Department Head

Additional Information:

Primary Timekeeper: _____ **Phone #:**_____

(Print)

_____

Signature

Backup Timekeeper: _____ **Phone #:**_____

(Print)

_____

Signature