

AUTHORIZATION

TO: STATE RISK MANAGEMENT

This is authorization to mail my industrial compensation check(s) for temporary partial or temporary total disability to Arizona State University, Human Resources – Benefits Office, PO Box 871403, Tempe, AZ 85287-1403. I further authorize Arizona State University – Payroll Office to apply the compensation funds as part of my regular earnings.

Employee Signature

Date

FAX TO 480-993-0007