



Industrial Compensation Authorization

TO: STATE RISK MANAGEMENT

I authorize State Risk Management to mail my industrial compensation check(s) for temporary, partial or temporary total disability to the Office of Human Resources' Benefits Office at Arizona State University:

**Office of Human Resources
Benefits Design and Management
PO Box 871403
Tempe, AZ 85287-1403**

I further authorize the Payroll Office at Arizona State University to apply the compensation funds as part of my regular earnings.

Employee Signature

Date

FAX THIS FORM TO 480.993.0007