

# Industrial compensation authorization

**To Arizona Department of Administration Risk Management Division:**

I authorize ADOA Risk Management to mail my industrial compensation check or checks for temporary, partial or temporary total disability to the Arizona State University Financial Services Payroll Office:

**Arizona State University  
Financial Services – Payroll  
P.O. Box 876212  
Tempe, AZ 85287-6212**

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

\_\_\_\_\_  
Print first name, middle initial, last name

\_\_\_\_\_  
ASU 10-digit employee ID

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

Fax this form to 480-993-0007.