|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OSUP/F71 |  | OFFICE OF STATE UNIFORM PAYROLLAGENCY CONTACT SETUP/CHANGE FORM |  |  |
| R 05/23 |  |  | Date:  |       |
|  | (Effective Date of Authorization) |
| Personnel Area(s):  |       |
|  |
| Agency Name: |       |
|  |
| Agency Address:  |       |
|  (mailing) |  |
| Authorized By:  |  |
|  | (Undersecretary/Appointing Authority Signature) |
| **Printed** Name & Title: |       | / |       |
|  | (Name) |  | (Title) |
|  |
| The designated personnel are authorized to receive the EFT Return/Correction Report from OSUP **(must list 1 Primary and at least 1 Alternate)** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A**dd**D**elete | Agency Contact Name | Personnel Number | **P**rimary**A**lternate | DutiesPerformed | Agency Division |
|  |       |       |  |  |       |
|  |       |       |  |  |       |
|  |       |       |  |  |       |
|  |       |       |  |  |       |
|  |       |       |  |  |       |
|  |       |       |  |  |       |
|  |       |       |  |  |       |
|  |       |       |  |  |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **OSUP Use Only** | Date entered: |  | By: |  |