

Managers Authorized as Private Automobile Reimbursement Approvers in CityTime

Employee ID	Name	Crew ID Access**

Signature of Preparer: _____ Date: _____

Signature of Dept. Head: _____ Date: _____

**If all the Crew ID's for a Department should be included in manager access, please list the three digit dept id, followed by all (i.e. 151-all, 211-all)

Return the signed form to Payroll Administration, City Hall, Room 404

Rev 02/2011