

KLAMATH COUNTY HUMAN RESOURCES
305 MAIN STREET
KLAMATH FALLS, OR 97601
541-883-4263

Delivery of Paystub Authorization Form

EMPLOYEE NAME (print): _____ Department: _____

Authorization Agreement

I expressly agree to allow KLAMATH COUNTY to provide my paystub electronically. (ORS 652.610(c)); ORS 84.001 to 84.061.). Register and access paystubs at:
https://klamathcounty.accessgovernment.net/EmployeeSelfService/Account/SignIn?returnUrl=%2FEmployeeSelfService*

I request a paper paystub.

This agreement will remain in effect until a new form is completed and submitted to Human Resources.

Signature

Authorized Signature: _____ Date: _____

*Klamath County recommends using a personal email to subscribe to the Springbrook Employee Portal. If you need assistance in changing your Employee Self Service account email, contact HelpDeskFinance@klamathcounty.org.

RETURN THIS FORM TO HUMAN RESOURCES