

Payroll Distribution Authorization Instructions

This form is required to authorize employees to pick up and distribute Pay Warrants

Request Type Check the appropriate box to describe the action to be taken. If a name change is the action requested, please enter the former name.

Employee Information Enter the Last Name, First Name, MI, and email address of the employee being authorized to pick up and distribute Pay Warrants. Please note that this individual may not pick up Pay Warrants for any of the reporting units for which they are authorized to approve payroll documents.

Effective Date Enter the effective date (mm/dd/yy) that the individual is authorized to pick up and distribute Pay Warrants.

Department Name Enter the name of the department where the employee works.

Phone Number _____ employee

Payroll Distribution



