

# UConn HEALTH

## HUMAN RESOURCES

To: Department Heads

From: Lynn Martin, Payroll Supervisor

Subject: AUTHORIZATION OF EMPLOYEES TO PICK UP PAYCHECKS

To ensure the delivery of your paychecks to your department, please send us the signatures of **all** employees authorized to pick them up.

Please obtain the signatures on this form of the people in your department to whom we may release checks, sign your approval, and return this letter to Payroll. If you have staffing changes in the future and wish to change the name(s) of the employee(s) authorized to pick up checks, please request a new form from Payroll, Ext. 2426. **Please be sure, when making changes, to list all employees that are authorized from your department and not just the one you are adding.**

We would appreciate it if your representative will wear his/her unexpired identification badge to the distribution point and continue to sign the receipt list.

_____ Type/Print Authorized Employee's Name	_____ Signature of Authorized Employee	_____ Ext
_____ Type/Print Authorized Employee's Name	_____ Signature of Authorized Employee	_____ Ext
_____ Type/Print Authorized Employee's Name	_____ Signature of Authorized Employee	_____ Ext
_____ Type/Print Authorized Employee's Name	_____ Signature of Authorized Employee	_____ Ext
_____ Type/Print Authorized Employee's Name	_____ Signature of Authorized Employee	_____ Ext
_____ Type/Print Authorized Employee's Name	_____ Signature of Authorized Employee	_____ Ext
_____ Type/Print Authorized Employee's Name	_____ Signature of Authorized Employee	_____ Ext
_____ <b>Signature of Department Manager</b>	_____ <b>Date</b>	_____ <b>Check Location Number(s)</b>