

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO**  
**DEPARTMENTAL PAYROLL DISTRIBUTION LIST**

Date \_\_\_\_\_ Department Name \_\_\_\_\_ Dept. Orgn. \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone \_\_\_\_\_

**Please put the appropriate code before each name listed:**

**A:** The employee has authorized the above named department to receive and distribute his/her payroll checks.

**D:** Delete the employee from distribution to the above named department.

<u>Code</u>	<u>R#</u>	<u>Name</u>	<u>Pay Frequency</u> <u>Semi-Monthly/Monthly</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Continuation sheets may be used.

**AGREEMENT AND APPROVAL OF AUTHORIZED ACCOUNT MANAGER:**

I hereby elect and agree to assume responsibility to distribute paychecks to the specified employees in accordance with the terms of the Department Request for Approval to Distribute Payroll Checks. I further agree to return all undelivered checks, by hand, no later than the third working day after payday.

\_\_\_\_\_  
 Org Manager Signature