TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

DEPARTMENT REQUEST FOR APPROVAL TO DISTRIBUTE PAYROLL CHECKS

This is to request that _____ be approved for
(Department Name)
departmental distribution of payroll checks. In making this request, it is hereby agreed:

1. Responsibility for the safekeeping of the payroll checks is being assumed by the department head. Describe below the facilities and procedures proposed for securing the checks.

   _____

   _____

   _____

2. Information on pay checks is confidential and distribution and custody of checks will be maintained with respect for that fact.

3. Employees requesting payroll checks to be directed to the department will be listed on a Departmental Payroll Distribution List which will be signed by the Account Manager and submitted to Payroll Services.

4. Payroll checks will be released only to the named employee unless written authorization is given by the employee designating another person. The person designated by the employee will be required to provide the employee's TTUHSCEP ID, along with their own identification.

5. Upon receiving the payroll check, the employee or designee will sign the transmittal listing.

6. Unclaimed payroll checks will be returned to Payroll Services by the third working day after pay day.

7. (OPTIONAL) The following people have alternate authority to pick up payroll checks from Payroll Services and distribute to employees of the department. Alternate designees agree to the above by signing below.

_____ _____
Employee Name, Alternate 1 Employee Signature

_____ _____
Employee Name, Alternate 2 Employee Signature

Signature of Administrative Head: _____ Date: _____

Type Name of Administrative Head: _____

Title: _____

TTUHSCEP Address: _____ Phone: _____