

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