AUTHORIZATION TO RELEASE PAY WARRANT
TO DESIGNATED INDIVIDUAL

I, _____, Employee ID Number _____,
   Employee Name (please print or type)

authorize _____ to pick up my pay warrant
            Please Print Name of Authorized Individual

dated _____. I understand this is a one-time authorization only. The designated individual will collect the pay warrant is responsible for delivering it to me. I understand that the designated person must present a valid picture ID when picking up the pay warrant.

_____   Date _____
Employee Signature

_____
Employee phone number

Note: this authorization provides authorization by the SDCCD employee to allow a third party to collect the employee's pay warrant for a specified check date (pay period). If the employee requests a third party collect the pay warrant for another pay period or different date, a separate authorization must be submitted for each instance.

Pay Warrant Received by:

_____   _____
Signature of Authorized Individual   Date

For Payroll Department Use Only:

Check provided by: _____   Date: _____

ID: _____

Time:_____   Pay Warrant #: _____