

University of Central Arkansas

Payroll Disbursement Office

Paycheck/PayStub Pick-up Authorization Form

The following employees are authorized to receive the named department's paychecks and paystubs on the scheduled payroll disbursement dates:

Primary employee:

Print name: _____ **Signature:** _____

Alternative employee:

Print name: _____ **Signature:** _____

Alternative employee:

Print name: _____ **Signature:** _____

Department: _____

Print Chair/ Director or Manager's name: _____
Print

Chair/ Director or Manager's signature: _____
Signature

Date: _____