

**UNIVERSITY OF NORTH TEXAS
HEALTH SCIENCE CENTER
AT FORT WORTH**

AUTHORIZED EMPLOYEES TO PICK UP PAYROLL CHECKS

This form replaces any previous form submitted. The following employees are authorized as designate and alternate to pick up payroll checks and earnings statements from the cashier on paydays:

DEPARTMENT NAME: _____

AUTHORIZED ACCOUNT NUMBERS (Base HR Dept. only):

DESIGNATED EMPLOYEE:

(Designated Employee Signature)

(Employee Name Printed)

ALTERNATE EMPLOYEE:

(Alternate Employee Signature)

(Employee Name Printed)

ALTERNATE EMPLOYEE:

(Alternate Employee Signature)

(Employee Name Printed)

DEPARTMENT CHAIR/HEAD:

(Department Chair/Head Signature)

(Date)

Return completed form by Email to the payroll@untsystem.edu.