AUTHORIZATION for PICKING UP PAYCHECKS

(Today’s Date)

To: PAYROLL SERVICES
(Human Resources Department)

Please allow ____________________________ to pick up the
(Name of person picking up check)

paycheck for ____________________________ ____________________________
(Employee’s Name) (Employee ID)

(Employee’s Signature)

Print or Type Name

The completed and signed form should be forwarded to Payroll Services at payroll@ucf.edu from the employee’s UCF issued email account. If you need assistance with this process, please contact Payroll Services.

REMINDER: Please remember photo ID’s are required to pick up paychecks. This form requires ORIGINAL signatures (no copies or stamps).
(Rev. 10/15 MK)