

TO: Joe Harn
County Auditor-Controller

Attn: Payroll Division

Date: _____

SUBJECT: Authorization to Pick Up Department Payroll Checks

Please use this memo as authorization for the following employee(s) to pick up and sign for payroll checks.

_____ Name	_____ Signature
_____ Name	_____ Signature
_____ Name	_____ Signature
_____ Name	_____ Signature
_____ Name	_____ Signature

Appointing Authority

Department/Special District Dept. #