

VICTOR VALLEY COMMUNITY COLLEGE DISTRICT
PAYROLL DEPARTMENT
18422 BEAR VALLEY RD.
VICTORVILLE, CA 92395
(760)245-4271, EXT. 2252/2527 FAX (760)245-7221

DELIVER, MAIL, OR FAX

AUTHORIZATION FORM

EMPLOYEE REQUEST TO RELEASE PAY CHECK TO ANOTHER

I request Victor Valley College to release my payroll check to the below named person.

I understand that the below named person must show picture identification to prove identity. No payroll checks will be distributed without picture identification. (No Exceptions)

- Only release the next available payroll check to the authorized person. (One time only)
- Release all payroll checks to the authorized person until I stop this authorization by written instruction.

Print Employee Name: _____

SSN: _____ Department: _____

Print name of person authorized to pick up payroll check: _____

Employee Signature: _____

Date: _____