

# University of Houston Clear Lake

## Payroll Collector Authorization

This form is for Departments to designate Authorized Representatives to be the Primary and Alternate Payroll Collectors. The authorized representatives identified below have a current Cash Handling Authorization form on file with General Accounting.

**To:** **Student Business Services** Date: \_\_\_\_\_

From: Dept. \_\_\_\_\_ Dept. ID# **C** \_\_\_\_\_

Department Head: \_\_\_\_\_

Dept. Head Signature: \_\_\_\_\_ Date \_\_\_\_\_

Business Administrator: \_\_\_\_\_

BA Signature: \_\_\_\_\_ Date \_\_\_\_\_

The individuals named below are authorized to collect payroll checks for the departments or work groups listed.

Primary Payroll Collector: \_\_\_\_\_

Alternate Payroll Collector: \_\_\_\_\_

Departments: (Refer to List of Primary Departments)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____