

**TEXAS TECH UNIVERSITY  
DEPARTMENTAL PAYROLL DISTRIBUTION LIST**

Date \_\_\_\_\_ Department Name \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone \_\_\_\_\_

**Please put the appropriate code before each name listed:**

**A:** The employee has authorized the above named department to receive and distribute his/her payroll checks

**D:** Delete the employee from distribution to the above named dept.

Code	Employee ID	Name	Pay Frequency SM/MN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Continuation sheets may be used.

**AGREEMENT AND APPROVAL OF AUTHORIZED ACCOUNT MANAGER:**

I hereby elect and agree to assume responsibility to distribute paychecks to the specified employees in accordance with the terms of the *Department Request for Approval to Distribute Payroll Checks*. I further agree to return all undelivered checks, by hand, no later than the third working day after payday.

\_\_\_\_\_  
Account Manager Signature