

STATE Payroll Office  
151 East 34 Street  
Brooklyn, NY 11203  
718-270-1139

## PAYROLL AUTHORIZATION FORM

This form Authorizes an individual to pick-up Payroll check (s) for a **department** or an **employee**. The designated individual is unavailable on this date.

Date: \_\_\_\_\_

*Please Check One:*

DEPARTMENT \_\_\_\_\_ EMPLOYEE \_\_\_\_\_

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

Phone # \_\_\_\_\_ Drop Code \_\_\_\_\_

**Supervisor:(For Department):**

Name \_\_\_\_\_

Signature \_\_\_\_\_

**Employee Authorizing Pick-up:**

Name \_\_\_\_\_

Signature \_\_\_\_\_

**Authorized Individual:**

Name \_\_\_\_\_

Signature \_\_\_\_\_

*\*This signature indicates that I fully understand and accept the responsibilities listed on page 10 of the Payroll Manual*