

SOUTH COAST ESD
PAYCHECK DISTRIBUTION

EMPLOYEE NAME (Please Print)

DATE

Please indicate how you would like to receive your paycheck.

SELECT ONE:

Please mail my paycheck

(I understand that my check will be mailed the day before payday, and that the ESD is not responsible for any delay in me receiving my pay check. I also understand that there is a 10 day wait period to report an unrecived paycheck and make a request for stop payment) _____ initial here

Direct Deposit (please complete & attach the Direct Deposit Authorization Agreement)

I work in the ESD Main Building and will pick up my pay stub from my department secretary

I do not work in the ESD Main Building and will need my pay stub mailed

I will pick up my paycheck **BEFORE NOON ON PAYDAY** (Checks are available after 8:00 AM)

NOTE: Checks not picked up by NOON on payday will be mailed (I understand that if I do not pick up my check by NOON on payday that it will be mailed, and that the ESD is not responsible for any delay in me receiving my pay check
_____ initial here

If you would like to authorize another person to pick up your check, please fill out the authorization below.

I authorize _____ to pick up my paycheck/pay stub.
(Please Print Name)

I authorize _____ to pick up my paycheck/pay stub.
(Please Print Name)

Employee Signature

Any additions or deletions will require a new authorization form. These forms are available in the Fiscal Department.

Mileage reimbursement will not be approved for a trip to ESD for picking up your paycheck.

Any questions concerning special arrangements for your paycheck should be directed to your department secretary.