

**TO:** Joe Harn  
County Auditor-Controller  
  
Attn: Payroll Division

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

**SUBJECT:** Authorization to Pick Up Department Payroll Checks

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Please use this memo as authorization for the following employee(s) to pick up and sign for payroll checks.

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Name Signature

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

\_\_\_\_\_  
Department Dept. #