



San Diego Community College District  
3375 Camino del Rio South  
San Diego, CA 92108-3883  
619-388-6582

**AUTHORIZATION TO RELEASE PAY WARRANT  
TO DESIGNATED INDIVIDUAL**

I, \_\_\_\_\_, Employee ID Number \_\_\_\_\_,  
Employee Name (please print or type)

authorize \_\_\_\_\_ to pick up my pay warrant  
Please Print Name of Authorized Individual

dated \_\_\_\_\_. I understand this is a one-time authorization only. The  
designated individual will collect the pay warrant is responsible for delivering it to me. I  
understand that the designated person must present a valid picture ID when picking up the pay  
warrant.

\_\_\_\_\_  
Employee Signature Date \_\_\_\_\_

\_\_\_\_\_  
Employee phone number

*Note: this authorization provides authorization by the SDCCD employee to allow a third party to  
collect the employee's pay warrant for a specified check date (pay period). If the employee  
requests a third party collect the pay warrant for another pay period or different date, a separate  
authorization must be submitted for each instance.*

*Pay Warrant Received by:*

\_\_\_\_\_  
Signature of Authorized Individual Date \_\_\_\_\_

**For Payroll Department Use Only:**

Check provided by: \_\_\_\_\_ Date: \_\_\_\_\_

ID: \_\_\_\_\_

Time: \_\_\_\_\_ Pay Warrant #: \_\_\_\_\_