



THE UNIVERSITY of TEXAS
 HEALTH SCIENCE CENTER AT HOUSTON

Harris County Psychiatric Center

Pay Check/Stub Release Form

TO: Personnel Systems Management
FROM: _____
 (Please Print)
Date: _____
RE: Release of Paycheck/Stub

Please note that _____ is authorized and
 (Print Name)
 has my permission to accept my paycheck/stub for _____.
 (Pay Period)

 (Employee Signature) **Date** _____

 (Print Employee Name)

- The person receiving your paycheck/stub must present your ID Badge along with this form
- This form to be attached to payroll signature sheet.