

**UNIVERSITY OF RHODE ISLAND  
OFFICE OF HUMAN RESOURCES**

**AUTHORIZED SIGNATURES FOR PAYCHECK DISTRIBUTION**

BUILDING NAME: \_\_\_\_\_ BUILDING # \_\_\_\_\_

**NOTE: THIS REPLACES ALL PREVIOUS AUTHORIZATIONS FOR PAYCHECK DISTRIBUTION**

<u>DATE</u>	<u>PRINT NAME</u>	<u>SIGNATURE</u>	<u>PHONE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

The above person(s) is (are) authorized to pick up Paychecks.

\_\_\_\_\_  
Dean, Chairman or Director

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_