



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.