STATE OF NEVADA
DIVISION OF HUMAN RESOURCE MANAGEMENT

AUTHORIZATION FOR CENTRAL PAYROLL CHECK AND DOCUMENTATION PICK-UP

WORK/PAY LOCATION CODE: _____ DATE:_____

DEPARTMENT: _____ DIVISION:_____

NAME (TYPED OR PRINTED)	SIGNATURE

Appointing Authority:_____Title:_____
(Name Typed or Printed)

Appointing Authority Signature:_____

FRM\PAY-07
02/13/2019