

**CERRITOS COMMUNITY COLLEGE DISTRICT
AUTHORIZATION FOR MAILING PAYROLL WARRANTS**

This form must be completed and submitted to the District Payroll Department if you wish to have your payroll warrants mailed to you at your home (mailing) address at the District's expense. Please complete the following information:

Name _____
Please Print (Last) (First) (Middle)

Division/Department _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Full-Time Faculty | <input type="checkbox"/> Part-Time Faculty | <input type="checkbox"/> Management |
| <input type="checkbox"/> Classified | <input type="checkbox"/> Confidential | <input type="checkbox"/> Student/Adult Hourly |

I understand that this authorization applies to all warrants (regular, part-time, overload, summer school, and/or student/adult hourly. No deviation will be made from the method of delivery authorized herein for the remainder of this academic year. Changes in the method of delivery of warrants can only be made at the beginning of a new academic year unless otherwise approved by the Payroll Department.

The warrants will be mailed on the same day on which they are received from the Los Angeles County Office of Education.

PLEASE NOTE: THE DISTRICT IS NOT RESPONSIBLE FOR PAYROLL WARRANTS LOST IN THE MAIL. IT IS THE EMPLOYEE'S RESPONSIBILITY TO NOTIFY THE DISTRICT OF CHANGES OF ADDRESS.

_____ Date _____ Signature of Employee
_____ Social Security Number

The following section is to be used only for the purpose of an employee requesting to rescind his/her authorization for mailing of payroll warrants.

I hereby request that the District discontinue the mailing of my payroll warrants as previously authorized.

Name _____
Please Print (Last) (First) (Middle)

Division/Department _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Full-Time Faculty | <input type="checkbox"/> Part-Time Faculty | <input type="checkbox"/> Management |
| <input type="checkbox"/> Classified | <input type="checkbox"/> Confidential | <input type="checkbox"/> Student/Adult Hourly |

_____ Date _____ Signature of Employee
_____ Social Security Number