

**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: _____