



**PAY WARRANT DISTRIBUTION
DEPARTMENT DESIGNATED REPRESENTATIVE (DDR)
AUTHORIZATION FORM**

FISCAL YEAR: _____

Bayramian, Hall Room 100R
Phone: (818) 677-8000 Option 3
Mail Code: 8214

Date: _____ Department or College Name: _____

Department ID (s): _____

Department Contact Email(s): _____

IMPORTANT

Under no circumstances will a person authorized to certify attendance (MPC) or approve pay documents have custody of pay warrants at any time (SUAM 3812.1). Return this form to UCS, Mail Code 8214.

Update – Effective Date: _____ (Updated forms replace all prior authorization forms.)

CSUN ID#: _____ Print Name: _____ Signature: _____ Ext: _____

CSUN ID#: _____ Print Name: _____ Signature: _____ Ext: _____

CSUN ID#: _____ Print Name: _____ Signature: _____ Ext: _____

CSUN ID#: _____ Print Name: _____ Signature: _____ Ext: _____

I authorize the above named individuals to pick up pay warrants for employees assigned to my college or department. Individuals must present CSUN ID card for pick up.

Dean/Director: Signature: _____ Print: _____

Title: _____ Date: _____

PAYROLL DEPARTMENT USE ONLY

VERIFICATION SECTION:

Verifying employees who pick up pay warrants does not certify attendance.

_____ Payroll Services Initials

_____ Date Verified