

**KAPIOLANI COMMUNITY COLLEGE
PAYROLL DISTRIBUTION PICKUP FORM**

DEPARTMENT: _____ **WARRANT DISTRIBUTION CODE:** _____ **DATE:** _____

NAME AS IT APPEARS ON ID:

APPROVED BY: _____ (PRINT NAME) _____ (SIGNATURE) _____ (DATE)

Authorized signature for each Warrant Distribution must be the Chancellor, Vice Chancellor, Dean, Department Chair, or Program Director. Any changes to add or delete employees from picking up paychecks or W-2's will require a new form to be completed and kept on file.