

**KAPIOLANI COMMUNITY COLLEGE  
PAYROLL DISTRIBUTION PICKUP FORM**

**DEPARTMENT:** \_\_\_\_\_ **WARRANT DISTRIBUTION CODE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME AS IT APPEARS ON ID:**

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**APPROVED BY:** \_\_\_\_\_ (PRINT NAME)                      \_\_\_\_\_ (SIGNATURE)                      \_\_\_\_\_ (DATE)

Authorized signature for each Warrant Distribution must be the Chancellor, Vice Chancellor, or Dean. Any changes to add or delete employees from picking up paychecks will require a new form to be completed and kept on file.