

**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, 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.