



### SYELP Paycheck Pickup Authorization Form

I, \_\_\_\_\_, authorize \_\_\_\_\_,  
Print name of SYELP participant Print name of alternate person to pick up paycheck  
\_\_\_\_\_, to pick up my paycheck in my absences for the time  
Relationship to participant

period of \_\_\_\_\_, 2022 thru \_\_\_\_\_, 2022 or until I  
revoke this authorization, whichever date comes first. I understand that the person that I am  
authorizing to pick up my paycheck is required to sign the receipt log and present a photo ID in  
order to receive my paycheck on my behalf. I also understand that if I want to revoke this  
authorization at any time, I am to tell the SYELP program staff who will have me complete the  
bottom of this form.

\_\_\_\_\_  
Signature of SYELP participant

\_\_\_\_\_  
Date

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### SYELP Paycheck Pickup Authorization Revocation

I, \_\_\_\_\_, revoke the authorization for \_\_\_\_\_  
Print name of SYELP participant Print name of alternate person to pick up paycheck  
to pick up my paycheck on my behalf.

\_\_\_\_\_  
Signature of SYELP participant

\_\_\_\_\_  
Date