



**PAYROLL DEPARTMENT**

**REQUEST FOR CHECK DISTRIBUTION**

Request my payroll check be sent to \_\_\_\_\_  
(Location Name)

\_\_\_\_\_  
(Location Number)

Employee No. \_\_\_\_\_ Employee Name \_\_\_\_\_  
(First) (Last)

Payroll Code \_\_\_\_\_ Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS FORM SHOULD BE RETURNED TO THE PAYROLL DEPARTMENT, 9999, ROOM 614,  
MIAMI-DADE COUNTY SCHOOL BOARD ADMINISTRATION BUILDING, OR  
FAXED TO (305) 995-2077**

FOR PAYROLL USE ONLY	
DATE RECEIVED	_____
DATE PROCESSED	_____
INITIALS	_____