



PCA/Worker Payment Voucher Request

Consumer Number: _____

Consumer Name: _____

PCA/Worker Name: _____

Unique ID (if available): _____

Last 4 digits of SSN: _____

PCA/Worker Current Address*

** If the address listed above is different from what we currently have on file, we will update the address provided the form is signed.*

By checking this box and signing below, I hereby authorize Tempus Unlimited, Inc. to mail my PCA/Worker Payment Vouchers to my current address. This authorization is to remain in full force and effect until Tempus Unlimited, Inc. has received written notice from me of its termination in such time and in such manner as to afford Tempus Unlimited, Inc. reasonable opportunity to act on it.

Payee Signature: _____ **Date:** _____

Please note: The fastest, easier way to view/print payroll information such as payroll vouchers and W2's is using the Employee Self Service Portal