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| **Authority Letter** | [Email] |
| Salary Collection | [Address] |
|  | [Phone] |

TO [Receiver Name] [Receiver Title]

**Subject:** Salary Collection Delegation: [Authorized Person's Full Name]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally inform you that due to unforeseen circumstances, I am currently hospitalized and unable to personally attend to my duties, including the collection of my salary. Considering this situation, I hereby authorize [Agent’s Name], who is also my [Relationship with Family Member], to collect my salary on my behalf for the month of [Month].

**Below are the details of my authorized representative:**

* Full Name: [Agent’s Name]
* Date of Birth: [Date of Birth]
* Contact Number: [Contact Number]
* Email Address: [Email Address]
* Relationship to Me: [Relationship with Family Member]

I kindly request your cooperation and assistance in facilitating the salary collection process for my authorized representative. I understand that [Agent’s Name] will need to present proper identification and complete any necessary forms as required by the company's policies and procedures.

I also authorize [Agent’s Name] to sign any documents or receipts related to the salary collection process on my behalf.

I anticipate that my recovery period will extend until [Expected Date of Recovery], at which point I hope to resume my regular duties. Until then, I would greatly appreciate your understanding and support in this matter.

Thank you for your prompt attention to this request. Please feel free to contact me at [Contact Number] or [Your Email Address] should you require any further clarification or information.

Sincerely,

[Your Full Name]

[Your Signature if sending a physical copy]

[Employee ID - if applicable]

**Enclosure:** Copy of [Agent’s Name] identification

CC:[Human Resources Department - if applicable]

[Your Supervisor's Name - if applicable]

[Your Department - if applicable]