PAYROLL CHECK TO BE MAILED

COMPLETE ENTIRE FORM

Pay Date: _____ I.D. Number: _____
       (One form per paycheck)

Employee Class: Student   ____

(Check One)   Staff   ____

                 Faculty   ____

Last Name: _____   First Name: _____

Address: _____

City: _____

State/Province: _____

Country: _____
             (If outside the US)

Zip/Postal Code: _____

Whittier E-mail:_____

Whittier College is not responsible for any lost/damaged check(s). If a check needs replacement or is lost, please contact payroll immediately at 562-907-4200 ext 4272 or ext 4546.

Signature: _____   Date: _____