

PAYROLL OFFICE



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: _____

| If mailing within the US | If mailing internationally, provide the address in the applicable mailing format |
|--------------------------|--|
| Address: | |
| City: | |
| State/Province: | |
| 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: _____

Payroll Office
Mendenhall Building – Lower Level
(562) 907-5137
(562) 907-4884 (fax)