PAYROLL OFFICE



PAYROLL CHECK TO BE MAILED

COMPLETE ENTIRE FORM

This form is due on Wednesday during the payroll week

		_ I.D. Num	ber:
(One fo	rm per paycheck)		
Employee Class: (Check One)	Student Staff Faculty		
Last Name: First Name:			
If maili	ng 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: