



Name _____ SSN (Last 4) _____
Department _____ Signature _____
Pay Period _____ Date _____
month/year

I request that my pay check for the pay period indicated above be mailed as follows.

Clearly print complete mailing address.

Name	_____
Address	_____

PAYROLL OFFICE USE	
Check No.	_____
Date Mailed	_____
By	_____