

Payroll Form

To enable us to pay out your wages effectively we will need you to fill in the following information:

Full name: _____

Social security number: _____

Employee number: _____

Date of employment: _____ Year: _____

Union name (specify only if you have joined a worker's union): _____

Department: _____

Which period would you like to receive your wages?

1ST payroll of month (16th –end of month pay period) _____

2ND payroll of month (1st-16th pay period) _____

How would you prefer to receive your wages?

Cash payment _____

Check payment _____

Signed: _____