



Student Employee Payroll Data Form

CONFIDENTIAL

To avoid unnecessary confusion and delay in receiving your paycheck, please complete this form and return it to the Office of Student Finance with all other required Student-Employment forms.

NAME _____ NLU ID # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Other Phone(s) _____

Email Address(s) _____ Department/Position _____ Campus _____

Marital Status _____ Gender _____ Ethnicity _____ Date of Birth _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Other Phone _____

Paycheck Processing:

_____ My check will be directly deposited to my bank account. See attached form.

_____ I would like to pick my check up at _____ campus.

SIGNATURE

Date