

ADELPHI UNIVERSITY
STUDENT PAYROLL TRANSACTION FORM

(This form must be typed or printed legibly. Please complete all student information in its entirety.)

Date: _____

To: Office of Human Resources

FROM: _____
HIRING DEPARTMENT

Supervisor Signature

Dept. Acct. # _____

Supervisor Name (Please Print)

New Hire () Change* () Other * () Termination ()

* Change/Other Payment Explanation:

(Attach additional sheets if necessary- must be completed by hiring department)

Effective Date: _____

Hourly Rate: _____

Name: _____

of Hours Worked: _____

Address: _____

ID #: _____

Expected Graduation Date: _____

Male () Female () Birthdate: _____
(only if new hire)

HUMAN RESOURCES VALIDATION

File #: _____

Amount Due: _____

Registration Status: _____

Expected Pay Date: _____

Processed by: _____

Date: _____

Approved by: _____

Date: _____

White – Payroll Yellow- Human Resources Pink – Department