



Payroll Use of GU ID Number

Employee Information: *(To be completed by employee)*

Name:

GU ID Number:

Birthdate:

Telephone Number:

E-mail:

Please indicate below the name and campus location of the university administrator that this form should be returned to following approval by the Tax Department. The completed form should be returned directly to the appropriate office by the employee:

- Undergraduate Students: Student Employment, Healy Hall G-19
- Graduate Students: Graduate School, Michael Boyle, 7-7753, ICC 302
- Medical School Students: _____
- Law School Students: _____
- Visiting Researchers: _____
- Faculty: _____
- Staff: _____
- AAPs: _____

Tax Department Approval Information: *(To be completed ONLY by GU Tax Department)*

Tax Dept. Review Completed: Yes No

SS-5 Receipt attached: Yes No

HR & Payroll Authorized to input employee information using Temporary ID Number Yes No

Actual SSN:

Date SSN Received:

*Lawrence Smith, 202-687-5448
Tax Department Approval*

Date