



PAYROLL REQUEST FORM

EMPLOYEE CONTACT INFORMATION	LAST 4 DIGITS OF SS#
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TODAY'S DATE: _____

EFFECTIVE DATE: _____

NATURE OF REQUEST (PLEASE CHECK ONE)

Address/Phone Change _____

Duplicate W2 Request (Indicate Year) _____

Duplicate Pay Stub (Indicate Dates) _____

Start Wife Stipend _____
Indicate Date Employment Began

Stop Wife Stipend _____
Indicate Date Employment Stopped

Wage Verification (Indicate Dates) _____

Change/Add a Deduction _____

NOTES:

Employee Signature

This form may be faxed to the Payroll Department at 615-226-9837

Or Emailed to Payroll@SCC-Adventist.Org

Requests will be completed within 7 to 10 business days from the date it was received.

<i>FOR OFFICE USE ONLY</i>	
PROCESSED: _____	DATE _____
Signature	