

PAYROLL DISTRIBUTION

NAME: _____ **DATE:** _____

VID #: _____

Please circle one:

Full-time

Adjunct

Part-time

Work-study

Please specify where you would like your paycheck/stub to go by checking one of the following:

HOME _____

WEST BUSINESS OFFICE _____

EAST BUSINESS OFFICE _____

OSCEOLA BUSINESS OFFICE _____

WINTER PARK BUSINESS OFFICE _____

DOWNTOWN CENTER _____

SAND LAKE CENTER _____

HOLD IN PAYROLL SERVICES (CJI) _____

Please check one:

Permanent Change: _____

Temporary Change: _____ *If temporary, which check(s)?* _____

SIGNATURE: _____