

**Texas Lutheran University  
Payroll Authorization Form**

**(Please print or type:)**

Student Name:	
Student Social Security Number:	
Student ID #:	
Student Campus/Home Phone Number:	
Student Mobile Phone Number:	
Student e-mail:	
Hire Date:	
Job Title:	
Department name (where employed):	
Department account # :	
Hourly Rate:	
Student Signature:	
Supervisor signature:	
Supervisor phone number:	
Supervisor e-mail:	
Budget Director signature:	
Human Resources approval:	
Payroll entered date:	