

# Texas Lutheran University

## Payroll Authorization Form 2009-2010 Academic Year

Please print or type the information below. Once completed and signed, please take form to Human Resources.

<b>Student Information:</b> To be completed by student.			
Name		Student SSN	
Campus/Home Phone Number		Student ID	
Cell Phone Number		E-mail Address	
Student Signature		Date Signed	
<b>Department Information:</b> To be completed by department.			
Job Title		Hire Date	
Department Name		Hourly Pay Rate	
Dept Account #		Supervisor Phone Number	
Supervisor Name		Supervisor E-mail	
Supervisor Signature		Date	
Budget Director Signature		Date	
<b>Human Resources:</b> To be completed by Human Resources Office.			
Documents Received	___ I-9	___ W-4	___ Proof of Identity
	___ Proof of Eligibility	___ On File	
Signature		Date	
<b>Financial Aid Information:</b> To be completed by Office of Financial Aid			
Pay from	___ FWS (8075)	___ TCWS (8077)	___ STEM (8070)
Financial Aid Signature		Date	
<b>Payroll:</b> To be completed by Payroll Department			
Date entered to Payroll		Signature	