

Centenary College of Louisiana
Payroll Check Request

Date: _____

Employee Name: _____

Social Security Number: _____

Employee Classification: Check one of the following:

Administrator _____ Support Staff _____ Student _____

Full time _____ Part time _____

Regurlar Emp. _____ Temporary Employee _____

Amount to be paid: _____

Name of Account payment to be charged to: _____

Account funds are to be charged to: _____

Signature of Person Making Request: _____

Authorization of immediate supervisor: _____

After form is complete, please return form to Payroll