



Haverford

SUMMER PAYROLL AUTHORIZATION FORM

NAME: _____

HOME ADDRESS: _____

STARTING DATE: _____

HOURLY WAGE: _____

DEPARTMENT/ACCT. #: _____

OTHER: _____

WORKED ON CAMPUS: _____

ARE YOU AT HAVERFORD ON A VISA : _____

IF YES, PLEASE BRING YOUR VISA TO THE PAYROLL OFFICE.

SUPERVISOR SIGNATURE _____