



DISTRIBUTION OF CONTINUING EDUCATION TEACHER PAYCHECKS

NYS.EMPLID: _____

PLEASE PRINT CLEARLY OR TYPE

NAME: _____
Last First

MAILING ADDRESS: _____
Street Apt. #
City State Zip Code

HOME NUMBER: _____ MOBILE NUMBER: _____

BUSINESS NUMBER: _____ E-MAIL: _____

PLEASE CHECK ONE OF THE FOLLOWING BOXES:

- I hereby authorize the Office of Continuing Education to mail my paycheck to the address on file.
I hereby request that my paycheck be held for pick up in the Office of Continuing Education, Carman Hall, Room 128.
I am a Lehman College faculty member. My check will be picked up in the Bursar's Office by me or by my primary department.
I have direct deposit. Please select one of the below options:
Mail my pay stub to the address above.
I am a Lehman College faculty member. I will pick up my pay stub from my primary department.

Signature: _____ Date: _____

