



# WILLIAM & MARY

CHARTERED 1693

## Payroll Office

1314 S Mt Vernon Ave

Williamsburg VA 23185

P: 757-221-2848 F: 757-221-2846

### EARNINGS STATEMENT REQUEST

*Please Print (Revised 01/2019)*

Date: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Banner ID: \_\_\_\_\_ Pay Dates: \_\_\_\_\_

Employee Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Wage Statements should be:

Mailed to current address

Held for pick up by employee

Employee Signature: \_\_\_\_\_

Signature of Pick-Up: \_\_\_\_\_

#### Payroll Department Use Only

Date Request Received: \_\_\_\_\_

Date Mailed: \_\_\_\_\_ Date Available for Pick-Up: \_\_\_\_\_

#### Identification Verification:

SSN

Photo ID

Other (explain):

Pay ID: \_\_\_\_\_

Pay Date: \_\_\_\_\_ Doc #: \_\_\_\_\_ Amt: \_\_\_\_\_

Pay Date: \_\_\_\_\_ Doc #: \_\_\_\_\_ Amt: \_\_\_\_\_

Pay Date: \_\_\_\_\_ Doc #: \_\_\_\_\_ Amt: \_\_\_\_\_

Pay Date: \_\_\_\_\_ Doc #: \_\_\_\_\_ Amt: \_\_\_\_\_

Pay Date: \_\_\_\_\_ Doc #: \_\_\_\_\_ Amt: \_\_\_\_\_

Processed by: \_\_\_\_\_