

**ADELPHI UNIVERSITY  
STUDENT PAYROLL TRANSACTION FORM**

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*(This form must be typed or printed legibly. Please complete all student information in its entirety.)*

Date: \_\_\_\_\_

To: **Office of Human Resources**

FROM: \_\_\_\_\_  
**HIRING DEPARTMENT**

\_\_\_\_\_  
Supervisor Signature

Dept. Acct. # \_\_\_\_\_

\_\_\_\_\_  
Supervisor Name (Please Print)

New Hire ( ) Change\* ( ) Other \* ( ) Termination ( )

**\* Change/Other Payment Explanation:**

(Attach additional sheets if necessary- must be completed by hiring department)

Effective Date: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_

Name: \_\_\_\_\_

# of Hours Worked: \_\_\_\_\_

Address: \_\_\_\_\_

ID #: \_\_\_\_\_

\_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

\_\_\_\_\_

Male ( ) Female ( ) Birthdate: \_\_\_\_\_  
(only if new hire)

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**HUMAN RESOURCES VALIDATION**

File #: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Registration Status: \_\_\_\_\_

Expected Pay Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

White – Payroll    Yellow- Human Resources    Pink – Department