



FINAL PAYCHECK FORM HOURLY & 9 to 11 MO EMPLOYEES

Name:

Last	First	M. I.	Last 4 SS # or V#
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Phone Number: (____) _____

Please remember to return this form and all necessary Timesheets / Leave Reports to your supervisor so we may ensure an accurate final paycheck. Supervisors must return everything electronically to payroll@wou.edu or in person to the Human Resources Office, Third Floor of Administration. Interoffice mail may not be received in time.

- I would like my final check to go via direct deposit the last business day of the month.
- I would like to pick up my final check at the HR Office, Third Floor of Administration on my final day between 3:00pm and 5:00pm.
- I would like my final check mailed to the following address on my final day:

Address	City	State	Zip
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Signature

Date

HR Office Only

Final Check Created: _____ By: _____

Route to Julie McMurry for Termination