



THE UNIVERSITY AT ALBANY FOUNDATION
Payroll Form

Please complete the below and submit this form, along with W-4 and Employment Eligibility Verification, to the Foundation Office in UAB 226.

Payee Name: _____

Account/Project to be charged: _____

Account Name: _____ Account #: _____

Salary: \$ _____ (per hour) # Hours per week: _____

Start Date: _____ End Date: _____

Direct Supervisor: _____

Direct Supervisor Address/Phone: _____

Note: *No benefits are provided for employment under 20 hours per week.*

Questions? Please contact the Foundation Office at 437-5090