Federal Work Study Payroll Rights and Responsibilities

Please check:

I understand that	my payroll funds	will be remitte	d to me by Direc	t
eposit.				

I also understand that a "check notification" will be issued each pay period, containing information regarding the disposition of my payroll funds (withholding amounts, etc.).

I understand that it is my responsibility to pick up the notification in the Financial Aid Office on the Thursday during the week following the submission of the timesheet.

I give my permission to have the notification mailed to me at the address that appears on it, in the case that I neglect to pick it up within a week of its issuance.

I understand that I am responsible to notify either the Financial Aid Office or the Payroll Office of any change of address.

In the case that I fail to do so, and the "check advice" is returned as a result of a bad address, I understand that it will be considered unclaimed property and will be sent to the New York State Department of Tax and Finance, Division of Treasury.

Signature	Date
Signature	Date