



SUNY BROCKPORT

Office of Accounting

STATE EMPLOYEE PAYROLL CONTACT INFORMATION

Please fill out the information below to provide the Accounting Office with contact information for your department's payroll checks. Include the names and phone numbers of two people we may contact if there is a payroll issue. Once you have completed the form, please return it to the Accounting Office via inter-campus mail or in your payroll bag. Please call extension 2512 with any questions.

Date: _____

Contact Person #1:

Print Name: _____

Signature: _____

Phone No.: _____ Department: _____

E-mail Address: _____

Contact Person #2:

Print Name: _____

Signature: _____

Phone No.: _____ Department: _____

E-mail Address: _____

Thank you for your cooperation,
The Accounting Office