

# STETSON UNIVERSITY

## Payroll Variance Form

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Pay Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

\_\_\_\_\_  
Student Signature

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

*Please complete this form with your supervisor and return it to the Payroll Office.*

*Payment can be expected within two weeks of form submission.*