



DARE TO DO MORE

eStub Request Form

I hereby authorize the LaGuardia Community College Payroll Office to send my pay stubs to me, as an attachment, via my LaGuardia e-mail address. I understand, for security purposes, that the pay stub will be password protected and can only be opened by entering my seven digit Payroll Management System Employee Reference Number.

I also understand that the original pay stubs will be available for pickup from the Payroll Office for a period no longer than one year from the pay date.

Employee Name: _____ Employee Reference Number: _____

Signature: _____ Date: _____

Payroll Office Use Only

CUNYfirst Empl ID: _____

PMS Reference Number: _____

CUNYfirst Record Number (s): _____

Check Digit: _____

JSN Number (s): _____

ADDRESS: 31-10 Thomson Avenue
Long Island City, NY 11101

PHONE: 718-482-7200
WEB: www.laguardia.edu

