



Office of Human Resources
219 Rock Street
Bluefield, WV 24701
(304) 327-4013

DATE: _____

TO: Jane Miller
SUPERVISOR OF PAYROLL ACCOUNTING

FROM: _____

Please select and initial one of the following:

I give my permission to the Payroll Department of Bluefield State College to issue my annual salary in twenty-four (24) installments beginning with the _____ academic year.

I give my permission to the Payroll Department of Bluefield State College to issue my annual salary in eighteen (18) installments beginning with the _____ academic year.