



Payroll Department

REQUEST FOR INFORMATION

Name: _____

Location: _____

Contact Number: _____

Date of Request: _____

PLEASE ALLOW AT LEAST 3 DAYS TO PROCESS REQUEST

Reason for Request:

Copy of W2. Year(s) requested: _____

Copy of Check Stub. Date(s) requested: _____

Other: _____

Employee Signature: _____

OFFICE USE ONLY

Date Request Completed: _____ Completed By: _____