



Responsible: Office of Business and Financial Services, Payroll Department

Procedure: Submit completed form to the Payroll Department in person or via interoffice mail. Please allow up to 10 business days for replacement W-2.

Employee Information

Name: _____ Employee ID #: _____

School/Dept: _____ Social Security #: _____

District E-mail: _____ Phone Number: _____

Mailing Address: _____

Replacement W-2 Information

Reissue a WAGE AND TAX STATEMENT (Form W-2) for the tax year: _____

Reason for reissue request:

Never received W-2

Misplaced or destroyed W-2

Incorrect Social Security Number or Name

Other (please specify): _____

Select how you would like to receive your replacement W-2:

I will pick up replacement check from Payroll Office (please bring an ID)

Send replacement check via USPS to mailing address

Employee Signature

Date

<u>PAYROLL DEPARTMENT USE ONLY</u>	
Date Request Received: _____	Processed By: _____