



## 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: \_\_\_\_\_