

Request for W-2 copy

Please fill out the entire form to request a copy of your W-2. Upon receipt of your request, please allow 7-10 business days for processing.

For immediate access to your W-2, please register for Employee Self-Service. Attached with this form are the registration instructions.

Name: _____

Request Date: _____

Last four digits of SSN: _____

School or Work Site: _____

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the tax year ending _____

Form W-2 is requested for the following: (check appropriate line)

Never Received

Misplaced/Destroyed

Incorrect SSN/Name

Other (Explain) _____

Please check the box to choose your preferred delivery option. Due to security reasons, Payroll will not be able to email a duplicate copy of your W-2.

Pick up at the District Office (Please contact Payroll staff first to make arrangements. Our contact information is at the bottom of the form. Bring an unexpired ID or current year work badge for pick-up)

Mail

Mailing Address: _____

Employee Signature

Date

For Payroll Department Use Only:

Date Stamp Received

Processed By: _____

Original W-2 mailed: _____

Duplicate W-2 Reissued: _____

