

**APPLING COUNTY BOARD OF EDUCATION
REQUEST FOR COPY OF PAYROLL CHECK STUB/W-2**

I request a copy of my payroll check stub(s) for the following pay date(s):

I request a copy of my W-2 for the following year(s):

I understand that there is a charge of \$5.00 for each check stub/W-2 for which I am submitting payment with this request (make checks payable to "Appling County Board of Education"). The requested copies will be available for pick-up at the Central Office within 10 business days from the date of this request.

Check one:

_____ I will pick up the check stubs/W-2. If I am unable to pick them up personally, I give permission for _____ to pick them up on my behalf.

_____ I would like the stubs/W-2 mailed to me (to the address below)

I AUTHORIZE APPLING COUNTY SCHOOLS TO RELEASE THE REQUESTED INFORMATION ABOVE TO ME AND UNDERSTAND THE FEES INVOLVED.

Print Name

Signature

Last 4 Digits of Social Security: _____ Date of Birth: _____

Address: _____

Phone Number: _____

\$ _____
Total Amount Attached