

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
 Finance Department
 Employee Document Request Form (Payroll)

Contact Information			
Employee Name			
Last	First	Middle	
SSN	Date of Request	Certificated <input type="checkbox"/>	Classified <input type="checkbox"/>
Contact Phone Number		Monthly <input type="checkbox"/>	Hourly <input type="checkbox"/>
Mailing Address		E-Mail Address	

All Requested Information should be available within five (5) business days.

Information Requested from Payroll (Check all that apply):			
<input type="checkbox"/> W-2 Year _____	<input type="checkbox"/> Time Sheet Month _____ Date _____		
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Pay Stub Month _____ Day _____		
<input type="checkbox"/> Z-Day <input type="checkbox"/> Vacation	<input type="checkbox"/> Other		
If you select "OTHER", please provide detailed information:			

Payroll Office Use Only:
