

VALLEJO CITY UNIFIED SCHOOL DISTRICT

Employee Payroll Inquiry/Request Form

Employee Name: _____

Date: _____

SSN (last four digits): _____

Phone: _____

Please mark the appropriate box below indicating the nature of your inquiry/request

Sick Leave ☐

W-2 ☐

Indicate Year

Vacation ☐

Pay Stub ☐

Indicate Month

Incorrect pay ☐

Retirement ☐

1st Pacific ☐

Other ☐

NOTES:

Employee Signature

Date

Processed By

Date
