CLASSIFIED	CERTIFICATED
SUBSTITUTE	WALK ON COACH STUDENT WORKER
DATE:	
LAST NAME:	FIRST NAME:
EMP ID #:	LAST 4 DIGITS OF SS#: DATE OF BIRTH:
PHONE:	EMAIL:
	IATCH TVUSD HR RECORDS IN ORDER FOR REQUEST TO BE PROCESSED**
STREET ADDRESS:	
CITY:	STATE: ZIP:
I HEREBY REQUEST FOR THE	FOLLOWING PAYROLL RECORDS:
BY SIGNING BELOW, I UNDE	ERSTAND THE FOLLOWING: G TIME IS BETWEEN 7-10 BUSINESS DAYS FROM DATE OF RECEIPT
(1) HORMAL I ROCESSING	5 THRE IS DETWEEN 7-10 DUSINESS DATS FROM DATE OF RECEIL I
SIGNATURE	DATE

## **COVID-19 PROCESSING DELAYS**

Due to recent events surrounding COVID-19, the Fiscal Services office is closed. Essential functions will still continue during this closure, however, please anticipate delays in processing timelines.

- Requests for copies of W-2 forms will be mailed to the address on file with TVUSD.
- Requests for Earnings or Pay Stubs will be sent to your TVUSD-issued email.
- All other requests will be delivered based on the confidentiality of the information requested.