

PAYROLL W-2 OR PAYSTUB REPLACEMENT REQUEST

DATE: _____

TO: UCA Payroll Disbursement Department

RE: Request for replacement of W-2 or Paystub

Reissue W-2 Form, wage and tax statement for wages earned during the calendar year(s) _____.

Reissue Paystub(s) for the following pay dates _____.

NAME: _____ SS# OR UCA ID# _____

CURRENT MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

MARK APPROPRIATE BOX:

Please mail my replacement Payroll documents to the following address:

Will be mailed to the address indicated above by 3:00 p.m. on the processing day.

I will pick up my payroll documents in the Payroll Disbursement Department, Wingo 106B.

MUST PRESENT A PHOTO ID. Can be picked up after 1:00 p.m. 2 working days after the request is received.

NOTE: Replacement W-2 Forms for the **CURRENT** tax year **WILL NOT** be reissued until **February 15th**.

EMPLOYEE'S SIGNATURE: _____

FOR PAYROLL DISBURSEMENT USE:

DATE RECEIVED: _____ PROCESSED BY: _____

DATE MAILED: _____

IF PICKED UP: EMPLOYEE'S SIGNATURE: _____ DATE: _____