

## PAYROLL REPLACEMENT FORM 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:** \_\_\_\_\_