



EMPLOYEE REQUEST FOR W-2 REPLACEMENT FOR YEAR: \_\_\_\_\_

Note: NO REPLACEMENTS WILL BE ISSUED UNTIL AFTER FEBRUARY 15TH.

Employee Name: \_\_\_\_\_ (Print Name)

Social Security Number: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Department: \_\_\_\_\_ Email Address \_\_\_\_\_ (Notification Purposes for W2 Pickup)

The reason you are requesting a W-2 replacement:

- Never Received
Misplaced or Destroyed
Other Explain: \_\_\_\_\_

Please allow 3-5 business days for your W-2 replacement to be reissued. The Payroll Department will contact you when your W-2 is ready for pickup.

I will pick up my replacement W-2 in person. You will need to show a photo ID.

Please mail my replacement W-2 to the above address.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Payroll Department Use Only

Employee No.: \_\_\_\_\_ Department Number: \_\_\_\_\_ Date Request Received: \_\_\_\_\_

Date W-2 Picked Up: \_\_\_\_\_ Date Replacement Mailed: \_\_\_\_\_ Replacement Prepared By: \_\_\_\_\_