



**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 Maile _____ Replacement Prepared By: _____