

SHORELINE SCHOOL DISTRICT No. 412
PAYROLL OFFICE
18560 1ST AVE NE
SHORELINE, WA 98155

EMPLOYEE REQUEST FORM (W2 or Paystub Copy)

Use this form to request a copy of a Payroll document. Documents requested will be mailed to your address on record on the 4th business day after the form is received in Payroll.

DOCUMENT REQUESTED:

W 2: Year (s): _____

Paystub: Month (s): _____

Other: _____

EMPLOYEE NAME (PLEASE PRINT) _____

SSN # or EMPLOYEE # _____

DAYTIME PHONE NUMBER (_____) _____

ADDRESS: _____
(For verification, please print - street address and apartment number)

(City, State and Zip code)

Employee Signature _____

Date _____

FOR PAYROLL DEPARTMENT USE ONLY

DATE REQUEST RECEIVED _____

PROCESSED BY _____

DATE MAILED _____