



W-2 RE-ISSUANCE REQUEST FORM

**NOTE: There is a 24 hour processing period on all requests * ID must be presented when picking up
* There is a \$15.00 fee for any re-issuance of duplicate W-2 VI forms**

Date: _____

EMPLOYEE INFORMATION

Name: _____

Employee Number: _____

Telephone Number: _____

SSN: _____

Email Address: _____

Job Title: _____

Activity Site: _____

Address: _____

Employee Signature: _____

FOR HR OFFICE USE ONLY

Prepared By: _____

Date Issued: _____

Comments: _____
