



Pajaro Valley Unified School District
Payroll Department
294 Green Valley Road
Watsonville, California 95076
Office: (831) 786-2100 Fax: (831) 728-6996

REQUEST FOR COPY

EMPLOYEE NAME: _____

SOCIAL SECURITY NO: _____

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address: _____

City: _____ State _____ Zip Code _____

WORK LOCATION: _____

I am requesting a copy of the following document(s): (please allow 2 days for your copy)

_____ Pay stub for the pay date of _____, 20__.

_____ Time Sheet for the pay period of _____, 20__.

_____ W-2 for the Year(s) _____

_____ Other (Explain) _____

Signature of Employee

FOR PAYROLL DEPT. USE ONLY:

Date of Request: _____

Copy Issued: _____

Processed by: _____