

# REQUEST FOR PAYROLL INFORMATION

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY#/  
EMPLOYEE ID#: \_\_\_\_\_

LOCATION: \_\_\_\_\_

MY QUESTION/CONCERN IS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

PHONE NUMBER: \_\_\_\_\_

## FOR DEPARTMENT USE ONLY

DATE RECEIVED: \_\_\_\_\_

INFORMATION MAILED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

INFORMATION REISSUED: \_\_\_\_\_

**Please allow 3-5 business days for a response.  
If the request is received during payroll due dates, please allow 5-7 business days.**