

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.**