## Request for Paystub(s) Copy

Please fill out the entire form to request a copy of your pay stub(s). Upon receipt of your request, please allow 7-10 business days for

processing. For immediate access to your pay stub(s), please register for Employee Self-Service. Attached with this form are the registration Request Date: Name: Last four digits of SSN: School or Work Site: Please check the box to choose your preferred delivery option. Pick up at the District Office (Please contact Payroll staff first to make arrangements. Our contact information is at the bottom of the form. Bring an unexpired ID or current year work badge for pick-up) Mail Mailing Address: **Employee Signature** Date Please write the calendar year and the month(s) of your request. If you need more space, please fill out a new form. Calendar Year Month(s) Calendar Year Month(s) For Payroll Use Only: Date Stamp Received & Initial \_\_\_\_