

OFFICE OF STATE UNIFORM PAYROLL
REQUEST FOR DUPLICATE

To be Completed by Employee

Date: _____

Indicate Form Being Requested and Year

_____ W-2 _____ W-2c _____ 1099
Year Year Year

Reason for request:

Lost Never Received

Other (explain) _____

Name _____ Social Security No _____
(Last) (First) (MI)

Current Mailing Address: _____

Requested by _____ Personnel No. _____
(Signature of Employee)

To be Completed by Agency Employee Administration

Personnel Area: _____

Agency Contact: _____ Telephone: _____
(Name)

Has mailing address been updated in ISIS HR (if applicable)? Yes No Date: _____

Employee unable to request duplicate through LEO? Yes No Why? (Indicate below)

Remarks/special instructions: _____

To be Completed by OSUP

Disposition of duplicate

Received _____ by _____

Printed _____ by _____

Mailed _____ by _____