

## W-2 REPLACEMENT and/or PAYSTUB-EARNINGS REPORT REQUEST

(All W-2s for 2016 to current for active status employees are available on Employee Online to print or view)

| Gr. 1813                | W-2 Request Paystub/Earnings Report Reque                                                                                                                                                                                                                                                                                                     | est                        |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
|                         | Replacement Requests received by noon each Wednesday will be eligible for re-print each Thursday.  Replacement pickup will be after 2:00pm each Thursday.  Replacement may be picked up by bringing a valid Government issued photo ID or mailed to the address provid  ***Please note - W-2 and paystub copies are not allowed to be emailed | ded on the Form.           |
| Re<br>A<br>SS<br>A<br>A | / Paystub replaced: eplacement Request Form must be fully completed hand signature is required on Form SN or ID number must be completed Valid Government issued Photo ID is required with the Replacement Request Form ddress required for mailing alid Government issued Photo ID required for pickup                                       |                            |
| FULL NAM                | E:(please print)                                                                                                                                                                                                                                                                                                                              | -                          |
| SSN OR ID#              | #:YEAR/MONTH NEEDED:                                                                                                                                                                                                                                                                                                                          |                            |
| ADDRESS:_               |                                                                                                                                                                                                                                                                                                                                               | <del>-</del>               |
| FORMER P                | OSITION:                                                                                                                                                                                                                                                                                                                                      |                            |
| SCHOOL/D                | EPARTMENT WORKED:                                                                                                                                                                                                                                                                                                                             |                            |
| PICK UP PR              | ROCEDURE FOR REPLACEMENT? US MAIL PICK UP @ CENTRAL OFFIC                                                                                                                                                                                                                                                                                     | E (Thursdays after 2:00pm) |
| CONTACT N               | IUMBER OR EMAIL FOR FURTHER QUESTIONS:                                                                                                                                                                                                                                                                                                        |                            |
| -                       | ng this Form and valid Government issued Photo ID, I certify that the information provided is accurate and I am reques<br>/or Paystub for the year or month indicated above.                                                                                                                                                                  | sting                      |
| EMPLOYE                 | EE SIGNATURE: (handwritten signature required)                                                                                                                                                                                                                                                                                                |                            |
| DATE:                   |                                                                                                                                                                                                                                                                                                                                               |                            |
| **                      | **reminder Valid Photo ID must be submitted along with the completed Replacement Request Form                                                                                                                                                                                                                                                 |                            |

 $Return\ completed\ Form\ and\ attached\ valid\ Government\ is sued\ Photo\ ID\ copy\ by\ returning\ to\ the\ address\ below:$ 

Paulding County School District 3236 Atlanta Highway Dallas, GA 30132 Attn: Payroll Department

All further questions email:

bservicespayroll@paulding.k12.ga.us