

TO: UH Payroll Office
1395 Lower Campus Road, LC-1, #4
Honolulu, Hawaii 96822

FROM: _____

SUBJECT: **Request for duplicate W-2 form**

Name: _____
Social Security Number: _____
Payroll Number: _____
Warrant Distribution Code: _____
Year(s): _____
Reason for request: _____
Department Contact: _____
Department Contact Phone #: _____

Cash/Check/Money Order for \$10 for *each* W-2 requested, made payable to **Director of Finance** must be included with this request (do not send cash through the mail). **Note:** DAGS ensures that personal checks clear the bank before processing this request (~ 7-10 working days). Enclose a self-addressed stamped envelope to have the W-2 mailed; otherwise the Payroll Office will call the department contact listed above for pick-up.

Requestor Signature

Date

RETURN THIS FORM TO THE PAYROLL OFFICE