



**West Valley-Mission Community College District
PAYROLL DEPARTMENT
REQUEST OF REISSUE W-2 WAGE FORM**

Employee Name: _____

Payroll ID# or Social Security Number : _____
(last 4 digits only)

Current Mailing Address: _____

Please reissue Wage and Tax Statement (Form W-2) for year ending: _____

Form W-2 is requested for the following reason:

Never Received Incorrect Social Security Number

Misplaced or Destroyed Name Incorrect

Other: _____

Note to employee: Your request of reissue of Form W-2 will be processed in approximately 5 working days after received in the Payroll Department. The form will be mailed to the address provided above unless you arrange to pick up personally. Picture ID is required.

Please return this form to: _____

If by fax, please call your Payroll Technician before you fax it

Employee signature _____
Date

Payroll Department Use Only

Date Request Received: _____ Date Reissued: _____

Processed by: _____ Date Pick up/Mailed: _____