

**Foothill-De Anza Community College District
Payroll Services
Request of Reissue W-2 Wage Form**

Employee name: _____

Employee ID: _____

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 receipt in the Payroll department. The form will be mailed to the address provided above unless you arrange to pick up personally. Identification is required when pick up the form.

Please return this form to: Payroll Services, Foothill-De Anza CCD,
12345 El Monte Road, Los Altos Hills, CA 94022.
If by fax, please call your Payroll Technician before you fax it to (650) 941-1638.

Employee signature Date

Payroll Services Use Only

Request Received Date: _____ Reissued Date: _____

Processed by : _____