REQUEST FOR PAYROLL DOCUMENT(S)

STEPS: (1) PRINT FORM, (2) COMPLETE AS INDICATED, (3) SIGN / DATE, (4) MAIL / FAX

MAIL:	From On-Campus OUHSC Payroll Services SCB-208H	From Off-Campus O U Health Sciences Center Payroll Services (SCB-208H) P O Box 26901
FAX #:	(405) 271-2057	Oklahoma City, OK 73126-0901

REQUIRED INFORMATION FOR EVERY REQUEST:

DATE OF REQUEST: _____

EMPLOYEE NAME: _____

SOCIAL SECURITY #: _____

CURRENT MAILING ADDRESS:

Street Address _____

City _____ State OK Zip Code _____

HOME PHONE NUMBER: _____

REQUIRED FOR CURRENT EMPLOYEES ONLY:

DEPARTMENT: _____

EMPLOYEE ID # (Six digits): _____

CAMPUS ADDRESS: _____

REQUESTED DOCUMENTS:

☐ Payroll Earnings Statement(s) for month / year: _____ / _____

Check payroll type: Regular EOM ☐ Faculty PPP Supplement ☐ Temp ☐

☐ Form W-2 for calendar year(s): _____

PLEASE NOTE: Requests normally take 24 hours to process. Current employee documents must be picked up at the OUHSC Payroll Office located in Room 208 of the Service Center Building (SCB-208). Bring a Photo ID. Former employee documents will be mailed to the address indicated above.

_____ _____ _____

Campus Phone # Signature of Employee Date

For Payroll Department Use Only:

Date request received: _____

Processed by: _____

Revised 03/21/2008 (DMB)

Date mailed / picked up: _____