# County of San Diego
# Auditor and Controller
# Central Payroll Administration

## *Request Form for Duplicate Wage Statement(s)*

MAIL **ORIGINAL** TO:    COUNTY OF SAN DIEGO
AUDITOR AND CONTROLLER
ATTN: CENTRAL PAYROLL ADMINISTRATION
5530 Overland Ave, Suite 410, Mail Stop O-68
San Diego, CA 92123-1261

_____
**DATE OF REQUEST**

**PLEASE FILL OUT AND SIGN - COMPLETE ALL SECTIONS.**
**ALLOW 5 BUSINESS DAYS FOR PROCESSING FROM THE DATE OF RECEIPT OF THE ORIGINAL SIGNED REQUEST FORM. FAILURE TO COMPLETE ALL SECTIONS WILL DELAY PROCESSING.**

| EMPLOYEE INFORMATION |
|---|

Employee Name: _____

Previous Names Used: _____ *(N/A if no other)*

Employee ID: _____

Social Security No: _____

Daytime Phone: _____

**EMPLOYEE CURRENT MAILING ADDRESS:**

Street: _____

City: _____  State: _____  Zip Code: _____

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**Delivery Method Instructions:**

**Pick up:** Bring a valid U.S. picture ID.

**U.S. Mail:** Wage Statement(s) will be mailed to employee's current address in PeopleSoft.

**\*NOTE**: The address on the form needs to match PeopleSoft. Active employees can update their address in PeopleSoft Self Service or contact their departmental payroll office.

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**WAGE STATEMENT(S) BEING REQUESTED:**

Statement Issue Date: _____
    or
Range of Dates: _____ to _____

Method of Delivery:    **Mail/Home Address**    or    **Pick Up\***

*\*You will be notified as soon as the duplicate Wage Statement(s) is available. It may be picked up at 5530 Overland Ave, Suite 410, San Diego, CA 92123 between 8:00 a.m. - 4:00 p.m. Monday to Friday.*

**NOTE: Wage Statement(s) will not be faxed or emailed.**

_____
**Signature of Employee**

**An ORIGINAL signature is required when submitting a written request for a duplicate Wage Statement.**

| CENTRAL PAYROLL ADMINISTRATION USE ONLY |
|---|

Date request received: _____    Date mailed/picked up: _____

Date request reissued: _____    Processed by: _____

Form Revised 4/20/18