USD Payroll Request Form

USD ID # or Last 4 of SS# _____

Last Name_____ First Name _____MI___

Street Address: _____Apt. # _____

City _____State_____

Zip Code _____-_____Country (if applicable) _____

Home Telephone Number (   ) _____

Work Telephone Number (   ) _____

Employee Signature   **Date**

☐   Address Update: ☐ **Current**   or ☐ **W2**

☐   Will view pay stub online (*Must have <u>direct deposit</u> and <u>Oracle login</u>*)

☐   Pick up Paycheck or Direct Deposit Stub from Cashier's Office
 (*Hughes Building*)

☐   Request for Paycheck or Direct Deposit Stub to be mailed
(*Must be submitted before Payroll Deadline*)

Note: All address changes or paycheck delivery changes must be received by payroll prior to the end of the pay period.

☐   Request Copy of W2   Year(s): _____

      Mail ☐   Next Day 3pm Pickup ☐

☐   Request Copy of paystubs   Date(s): _____

      Mail ☐   Next Day 3pm Pickup ☐

Please forward to the Payroll Department in Maher Hall 112, fax (619) 260-2988, or email payroll@sandiego.edu.