

Request For Duplicate Paystubs

Name: _____

NYS EMPLOYEE ID: _____

(If "NYS EMPLOYEE ID" number is not included, this form will not be processed.)

Phone Number: _____

Address: _____

Address Line (2): _____

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VERY IMPORTANT: Submitting your address here does not change your permanent records.
To request a change of address, you must go to Human Resources,
except for Student Assistant and College Work Study.

☐ Will Pick-Up

☐ Please Mail

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List below the Paystubs of you are requesting

1. _____

2. _____

3. _____

4. _____

5. _____

.....

Signature: _____

Date:

.....

Reset Form

Print Form