



REQUEST FOR DUPLICATE W-2

PALOMAR COLLEGE

1140 West Mission Road
San Marcos, CA 92069

PAYROLL SERVICES

Telephone 760-744-1150, Ext. 2937
Fax 760-761-3542

Note: Please type or print.

W-2 Tax Year/s		Date of Request	
Employee Name		Social Security #	
Employee Category	<input type="checkbox"/> CLS <input type="checkbox"/> FAC <input type="checkbox"/> ADM <input type="checkbox"/> STM <input type="checkbox"/> ADJ <input type="checkbox"/> STU	Employee ID#	

Mailing Address

Street Address			
City		State	
	Zip Code		

Disposition of W-2

- Mailing Address
 Payroll Pick Up
 Campus Mailbox
 Fax ()

The form is requested for the following reason:

- Never Received
 Misplaced or Destroyed
 Other

If other, please explain.

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Signature		Date	
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For Payroll Department Use Only

Duplicate W-2 Issued On:		Processed by:	
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