



**West Valley-Mission Community College District  
PAYROLL DEPARTMENT  
REQUEST OF REISSUE W-2 WAGE FORM**

Employee Name: \_\_\_\_\_

Payroll ID# or Social Security Number : \_\_\_\_\_  
(last 4 digits only)

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Please reissue Wage and Tax Statement (Form W-2) for year ending: \_\_\_\_\_

Form W-2 is requested for the following reason:

Never Received  Incorrect Social Security Number

Misplaced or Destroyed  Name Incorrect

Other: \_\_\_\_\_

Note to employee: Your request of reissue of Form W-2 will be processed in approximately 5 working days after received in the Payroll Department. The form will be mailed to the address provided above unless you arrange to pick up personally. Picture ID is required.

Please return this form to: \_\_\_\_\_

If by fax, please call your Payroll Technician before you fax it

\_\_\_\_\_  
Employee signature \_\_\_\_\_  
Date

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Payroll Department Use Only

Date Request Received: \_\_\_\_\_ Date Reissued: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date Pick up/Mailed: \_\_\_\_\_