

Louisiana Community & Technical College System
SOWELA Technical Community College STCC1
Centralized Payroll (Peoplesoft)
Request for Duplicate W-2
Revised STCC1/3/14/2007

To be completed by employee

Date ___/___/___
Indicate Year

_____ W-2

_____ W-2c

Reason for request:

_____ Lost

_____ Never Received

_____ Other (explain) _____

Name _____ Social Security No. _____
(Last) (First) (MI)

Current Mailing Address

Requested by _____
Signature of Employee

To be completed by Human Resources

EMPLID _____ Bus Unit/Location **STCC1/** _____

Agency Contact **Barbara Bordelon** Telephone **337/491-2642** E-mail **Barbara.bordelon@sowela.edu**

Has mailing address been updated in Peoplesoft (if applicable)? Circle: Y/N/NA Date ___/___/___

Remarks/special instructions _____

To be completed by Centralized Payroll

Disposition of duplicate

Request Received _____/_____/_____ By: _____

Printed _____/_____/_____ By: _____

Mailed _____/_____/_____ By: _____