

Mail To: Sweetwater Union High School District
1130 Fifth Avenue
Chula Vista, CA 91911

Date Of Request

Attention: Payroll Department

****Request can also be faxed to the Payroll Department at 619 407-4953**

REQUEST FOR DUPLICATE PAY STUB (Please Print)

Please issue duplicate pay stubs for the following month(s)_____

EMPLOYEE NAME:_____

SOCIAL SECURITY NO.:_____

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address:_____

City:_____ **State:**_____ **Zip Code:**_____

UPON COMPLETION: **Contact Phone Number** _____

Send To Site _____

U.S. Mail _____

Print Name

Signature