PAYROLL RECORDS REQUEST

Date: _____ Time: _____

Employee Name: _____

Employee SSN: _____

Records requested: _____

_____

_____

Method of document delivery:

☐ US Mail Street Address: _____

City, State, Zip: _____

☐ email email address: _____

☐ Fax Fax #: _____

Attn: _____

☐ pick up Pick up at Kenai Bakersfield Office

Employee Signature: _____

Date: _____

*****ALL REQUESTS WILL BE PROCESSED WITHIN 3 BUSINESS DAYS*****

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