



REPRINT REQUEST FORM

All fields of this request are required to process. Please complete and send to payroll@apsu.edu or Payroll Services - P O Box 4504, Clarksville, TN 37044-0001

Employee Last Name: _____ Employee First Name: _____

Banner ID: _____ Last four digits SSN#: _____

» Old Address: _____

City: _____ State: _____ Zip code: _____

» New Address: _____

City: _____ State: _____ Zip code: _____

W2 Tax Year(s) Requested: _____

Pay Statement(s) Requested: _____

How would you like to receive your reprint?

Please send my reprint to the New Address through US Postal Service.

Please send my reprint Electronically.

» I agree to have my W2 or Pay Statement form electronically mailed to me at the below e-mail address: You will receive a separate email instruction on how to access (W2 only) with a password.

» Email: _____

Signature of Employee: _____ Date: _____

Comments: _____

For Payroll Department Use Only:

Date request received: _____

Date copy sent to HR: _____

Date Reprint processed and sent to requester: _____