



**UNIVERSITY OF CALIFORNIA, SAN DIEGO
EMPLOYEE'S REQUEST FORM - DUPLICATE W-2**

To protect your privacy, duplicate W-2 will be issued only through completion of this form. All information must be completed.

PLEASE PRINT CLEARLY

Employee Name		W-2 Tax Year(s)
Social Security Number	Email Address	Telephone Number

W-2 Disposition (Check One Box)

Payroll Pick-up

U.S. Mail

We do not FAX duplicate W-2.

Mailing Address: <input type="checkbox"/> Please check box to update address for Payroll records		
Street		
City	State	Zip
Signature		Date

To ensure confidentiality, the duplicate W-2 will be mailed to the address you have indicated above or it can be picked up at the UCSD Payroll Division. Please present photo identification for pickup at: Payroll Physical Address: 10280 N. Torrey Pines Rd., Suite 305; Phone (858) 534-0665.

Mail or FAX request form to the following:	
Mail Request Form To: UCSD Payroll Division W-2 Request 9500 Gilman Drive Dept. 0952 La Jolla, CA 92093-0952	OR
	FAX Request Form To: FAX #:(858) 534-7423 Attn: Payroll Customer Support

Please allow approximately five (5) working days processing time after receipt of request by the Payroll Division.

INTERNAL USE ONLY		
Employee Number	Date Request Received	Date Processed
Processed by (Initials)		Date Mailed