

UNIVERSITY OF CALIFORNIA, IRVINE
EMPLOYEE'S REQUEST FOR DUPLICATE W-2

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

Employee Name		W-2 Tax Year	
Social Security Number		Disposition	Payroll Pick Up U.S. Mail
Phone Number		Email Address	
Mailing Address			City
State		Zip Code	
Signature			Date

Mail Request Form To:	OR	Fax Request Form To:
UC Irvine Payroll Division 120 Theory, Suite 200 Irvine, CA 92697		Payroll Division Joseph Winfery jwinfery@uci.edu F: (949) 824-3267

Please Note: This form serves as authorization to change your mailing address in PPS (Payroll Personnel System) if the address above differs than the one we have on file. To assure confidentiality, the duplicate W-2 must be mailed to the above address, or picked up in the Payroll Division, (120 Theory, Suite 200), with the presentation of photo identification (driver's license, staff/student i.d., etc.).

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