

**REQUEST FORM FOR REPLACEMENT W-2**

Date: \_\_\_\_\_

To: Payroll Disbursement Department

Re: Request for replacement W-2

Please reissue a W-2, Wage and Tax Statement, to me for wages I earned during the \_\_\_\_\_ calendar year.

**PLEASE PRINT**

EMPLOYEE'S NAME: \_\_\_\_\_

EMPLOYEE'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMPLOYEE'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE'S PHONE NUMBER: \_\_\_\_\_

EMPLOYEE'S E-MAIL ADDRESS \_\_\_\_\_

Mark appropriate box:  Please mail my replacement W-2  
To the following address:  
\_\_\_\_\_  
\_\_\_\_\_

I will pick up my replacement W-2 in the Payroll  
Disbursement Department, Wingo Hall, Suite 106. **Must present  
a photo I.D.**

Replacement W-2's can be picked up after 1:00 p.m. two days after request is received.

Replacement W-2's that are to be mailed will be mailed to the address indicated above by 3:00 p.m. on the processing day.

**Return completed form to:** UCA Payroll Disbursement Department  
201 S. Donaghey, Wingo Hall, Suite 106  
Conway, AR 72035  
or  
FAX form to (501) 450-5088

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

**For Payroll Disbursement use:**

Date received: \_\_\_\_\_ Processed by: \_\_\_\_\_

Date mailed: \_\_\_\_\_

If picked up: Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_