CAL STATE SAN BERNARDINO
University Enterprises Corporation

REQUEST FOR COPY OF PAY STUB OR W-2

Name: _____ Dept: _____

I authorize University Enterprises Corporation (UEC) at CSUSB to release the following information.

☐ To issue me another copy of my pay stub with the payroll information on it

For Pay Period of _____

☐ To issue me a copy of W-2

For Tax Year of _____

Each request costs $5.00. A payment can be received in cash or check payable to the

UEC at CSUSB. Please ask for a receipt. This request may take more than a day, it depends on

the availability of our staff.

_____ _____

Employee's signature Date

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CALIFORNIA 92407-2397
Tel. (909) 537-7225, Fax. (909) 537-7036

UEC Use Only:
Deposit to **580757 GEN09 L0001 T900300**
(7/2011)