



REQUEST FOR DUPLICATE W-2

Name: _____

NYS EMPLOYEE ID: _____

(If the "NYS EMPLOYEE ID" number is not included, this form will not be processed)

Phone Number: _____

Address: _____

Address Line (2): _____

VERY IMPORTANT: Submitting your address here does not change your permanent records. To request a change of address, you must go to Human Resources, except for Student Assistant and College Work Study.

☐

Will Pick-Up

☐

Please Mail

List below the year(s) of W-2 you are requesting

1. _____

2. _____

3. _____

4. _____

5. _____

Signature

Date