

REQUEST FOR PAYROLL INFORMATION

Mail or fax to: Payroll Department
DCCCA, Inc.
3312 Clinton Parkway
Lawrence, KS. 66047
Fax-785-841-4628

Date of Request: _____

Employee Name: _____

Social Security Number: XXX-XX-____ D.O. B: ____ / ____ / ____
(Provide last 4 number of Social) MM DD YY

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please check mark the Payroll information you are requesting:

_____ Salary History: from _____ to _____
(provide the date range and year of requested history)

_____ Copy of last check stub only

_____ Other (Explain) _____

Due to confidentiality this information is mailed to the employee's address listed above and cannot be faxed or scanned. This information can also be picked up by the employee at the DCCCA office listed above with proper identification.

Signature

Date

Printed Name

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FOR PAYROLL DEPT. USE ONLY

Date Request rec'd: _____

Processed by: _____