

Los Rios Community College District  
**REQUEST FOR PAYROLL INFORMATION**  
Please send to the District Office Payroll Department

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number/Extension: \_\_\_\_\_

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***If information needed for less than a 6 month time period:***

**Payroll Warrant**

Pay Period(s): \_\_\_\_\_

FROM

TO

I receive my pay via:

Direct Deposit       Warrant

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***If information needed for more than a 6 month time period:***

**Payment History Report ("Individual Earnings")**

Pay Period(s): \_\_\_\_\_

FROM

TO

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**W-2 Form**

Year(s): \_\_\_\_\_

Reason:

Lost:       Never Received:

Other: \_\_\_\_\_

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**Please allow 10 business days to process your request.**

\_\_\_\_\_ Mail to campus business office

\_\_\_\_\_ Mail requested information to address on record

\_\_\_\_\_ I will pick up the requested information from the District Office

***Be prepared to provide photo identification if picking up from the District Office  
or the campus.***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date