

PAY STATEMENT REQUEST FOR DUPLICATE

Total Pay Statements Requested	Fee per Duplicate	Total Due	Pay Periods Requested List the pay period or pay period end date for each Pay Statement(s) requested			
	\$5.50					

► Payment must be received prior to request being processed.

► Non-active County-employees must make payment in cash, money order or cashier's check

Must print in Black or Blue ink ONLY

Employee ID	Last Name, First Name			Department ID	
	Mailing Address	City	State	Zip	

Note: Payroll Specialist will update address as needed based upon the above information

If submitting request by mail, submit a check or money order for total amount due made payable to: "San Bernardino County". Submit request to: Central Payroll; Attn: Pay Statement Desk; 268 W. Hospitality Lane; San Bernardino, CA 92415-0032

Check one of the following:

Call when ready for pick up*

Send to mailing address above

* Pay Statement(s) not picked up after 30 days of notification will be mailed to the employee's current mailing address.

I understand that by signing this form, I am acknowledging that any check not honored by my bank will result in a \$25.00 returned check fee in addition to the payment amount of my request.

Employee Signature						Telephone**	Date		
						()		
** The telephone number provided must accept blocked calls									
Payroll Specialist Verification: Address updated									
Payroll Specialist Name (Print & Sign)						Telephone	Date		
						()		
Office Use Only									
Date Payment Received		nount eived	Type of Payment			Receipt Number		Processed By	
			Check	Money Order	Cas	h			
Complete if Pay Statement is mailed to employee									
Address Updated (Initials)		Date	Reviewed By (Initials)	Date	Date		y Statement Mailed By (Initials)	Date	
Complete if Pay Statement is picked up by employee									
Pay Statement Released By (Initials)		Employee Signature				Date			