

**LSU HEALTH SCIENCES CENTER-NEW ORLEANS
REQUEST FOR DUPLICATE W2/1042/Paycheck
PLEASE PRINT**

Date of Request: _____

MAIL TO: LSUHSC-PAYROLL DEPARTMENT
433 Bolivar Street
New Orleans, LA 70112

FAX NO: (504) 568-2366

EMAIL: lsunopayroll@lsuhsc.edu

Please provide a duplicate copy of the following form(s) for the following employee:

EMPLOYEE NAME: _____ EMPID: _____

SOCIAL SECURITY NO.: _____

Form W-2 **Year(s)** _____

Form 1042-S **Year(s)** _____

Paycheck **Pay Period(s)** _____

I would like to receive my form by (please check one):

MAIL

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

PICKUP

Phone Number: _____

The duplicate copy is requested for the following reason:

Never Received

Misplaced or Destroyed

Social Security Number or Name Incorrect

Mailing Address with HR or Registrar's Office is incorrect

Other(Explain) _____

(Employee's Signature)