

Date

**Please check the items you need replacement copies of:**

W-2	1042-S	Pay Advice (Max. 6)
Year(s)	Year(s)	Pay Period(s)

**PLEASE TYPE OR PRINT - Illegible forms will not be processed**

*This form does not constitute an address change request - if you need to change your address on file with USF, please contact the Human Resources Department. If you are a non resident alien that needs to change their address, please contact UCO\_Payroll\_CERTS@usf.edu*

**Please reissue the above indicated document(s) to the following employee:****Employee Name****Last 4 digits of Social Security Number****EMPL ID Number****Mailing Address****Apartment/Unit Number****City****State****Zip Code****Telephone****Email**

NOTE: All requests must include a signature for processing. If the employee is unavailable to sign the form, the department can request a reissued statement on their behalf. In that case, please indicate who is making the request in the "For USF Department HR & Payroll Representative Use Only" box below.

**Employee Signature**

<b>MAIL COMPLETED FORMS TO</b>	<b>FAX COMPLETED FORMS TO</b>	<b>EMAIL COMPLETED FORMS TO</b>
University of South Florida Attn: Payroll Department 4202 E Fowler Ave SVC 1039 Tampa, FL 33620	(813) 974-5084	UCO_Payroll_CERTS@usf.edu

**FOR USF DEPARTMENT HR & PAYROLL REPRESENTATIVE USE ONLY****DEPARTMENT SUBMITTING REQUEST****DEPARTMENT CONTACT NAME****TELEPHONE NUMBER**