

**Louisiana Community & Technical College System
Centralized Payroll
Request for Duplicate W-2**

To be Completed by Employee

Date ____/____/____

Indicate Year

_____ W-2

_____ W-2c

Reason for request:

_____ Lost

_____ Never Received

_____ Other (explain) _____

Name _____
(Last) (First) (MI)

Current Mailing Address

Requested by _____
(Signature of Employee)

To be Completed by Human Resources

EmployeeID _____ VPDI(Institution)/Site _____/_____

Agency Contact _____ Telephone _____ Email _____
(Name)

Has mailing address been updated in Banner (if applicable)? Circle: Y/N/NA Date ____/____/____

Remarks/special instructions: _____

To be completed by Centralized Payroll

Disposition of duplicate

Request Received _____/____/____ by _____

Printed _____/____/____ by _____

Mailed _____/____/____ by _____