



The **Foundation** for  
California State University,  
San Bernardino

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CALIFORNIA 92407-2397  
Tel. (909) 537-7225, Fax. (909) 537-7036

## Request for Copy of Pay Stub or W-2

Date: \_\_\_\_\_

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

I authorize the Foundation to release the following information.

To issue me another copy of my pay stub with the payroll information on it

For Pay Period of \_\_\_\_\_

To issue me a copy of W-2

For Tax Year \_\_\_\_\_

Each request costs \$5.00. A payment can be received in cash or check payable to the

***Foundation for CSUSB.*** Please ask for a receipt.

\_\_\_\_\_

Employee's signature

Foundation Use Only:  
Deposit to **519440 GEN09 L0001 T900000**  
(05/2007)