

University Payroll Office
North Carolina A&T State University
Payroll Document Request Form

*Current employees can view and print payroll documents online through the [Aggie Access Employee Dashboard](#).
To avoid a delay in receipt, please ensure to complete all sections of this form. Requests are processed within 48 business hours from the date form received.*

Date of Request:	_____				
Section I: Validation of Employment Status					
Are you a current employee at NC A&T?	Yes	No			
If no, list separation date from employment:	_____	Include the last 4-digits of your social security number:	_____		
Section II: Requestor's Information					
Full Legal Name:	_____			Banner ID Number (last 6-digits only):	_____
<i>Note: Active employees must provide Banner ID information.</i>					
Contact Number:	_____	Email Address:	_____		
Mailing Address:	_____				
	<small>Street Address/P.O. Box</small>	<small>Apartment/Unit Number</small>	<small>City</small>	<small>State</small>	<small>ZIP/Postal Code</small>
Section III: Type of Payroll Document for Reprint (Check all that applies)					
<input type="checkbox"/>	Paycheck Stub/Deposit Notice – List Pay Date(s): _____				
<input type="checkbox"/>	Form W-2 Tax Statement**	Year(s):	_____	_____	_____
<input type="checkbox"/>	Form 1042-S (Treaty)	Year(s):	_____	_____	_____
<input type="checkbox"/>	Other (Explain) _____				
Comments: _____					
Check option for receipt:	<input type="checkbox"/> Contact me for pick up	<input type="checkbox"/> Mail to address in Section II	<input type="checkbox"/> Electronic SecureShare		
Section IV: Employee Attestation and Signature					
By signing this form, I attest that the information provided to receive payroll-related documentation is accurate and true. Further certifying that I am the person identified on this form as a current employee with or a separated employee from North Carolina A&T State University. I understand the University, its administration, faculty, staff nor affiliates take responsibility with regards to how I use the reprinted documentation, and release legal claim of liability to the institution for any negative impact resulting with my use.					
Employee Signature:	_____			Date:	_____

Return completed form via [SecureShare](#) upload or deliver in-person to Suite 305, Dowdy Administration Building.

*****Payroll Office Use Only*****

Date Document Processed: _____
 Processed by: _____
 Date Document Distributed: _____

Method: Email Mailed SecureShare