



EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
 PAYROLL DEPARTMENT
 411 N. 8th
 EDINBURG, TEXAS 78540
 PHONE (956) 289-2305
 FAX NUMBER (956) 386-0422

Request Form

Employee Information

Date: ____ / ____ / ____

Employee Name (Print)

Monthly Biweekly

Last

First

MI.

Staff ID

Campus

Phone #

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There will be a 48 to 72 hour waiting/processing period for any request. These requests can only be picked up at the Payroll Office. No request will be mailed or faxed. Check appropriate boxes.

I am requesting a copy of or the following:

Check Stub.....

		Month(s)	Year(s)
<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit		_____
<input type="checkbox"/> Jan.	<input type="checkbox"/> Feb.	<input type="checkbox"/> Mar.	<input type="checkbox"/> Apr.
<input type="checkbox"/> May	<input type="checkbox"/> June		_____
<input type="checkbox"/> July	<input type="checkbox"/> Aug.	<input type="checkbox"/> Sept.	<input type="checkbox"/> Oct.
<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.		_____

W-2 Form.....

Year(s)	Campus/Dept.	Occupation

Other: _____

 Employee Signature

 Prepared by

 Date