

Administrative Form PAY-F007

REQUEST FOR PAY STUB INFORMATION

425 E. Ninth Street, Reno, NV 89512 Phone: (775) 348-0341

Responsible: Office of Business and Financial Services, Payroll Department **Procedure:** Submit completed form to the Payroll Department in person, via email EOPY@washoeschools.net or through interoffice mail. Please allow 10 business days for processing.

Employee Information Name: _____ Employee ID #:_____ School/Dept: _____ Last 4 of SSN:_____ District E-mail: _____ Phone Number: _____ Mailing Address: **Pay Stub Information** *You can access a history of 26 pay stubs by logging into Employee Online. I am requesting pay stub information for the pay period ______ to ______ to **Delivery Option** (select one) Send to my district e-mail address ☐ I will pick-up from the Payroll Office Employee Signature Date **PAYROLL DEPARTMENT USE ONLY** Date Request Received: _____ Processed By: ____