

PAYROLL SERVICES DUPLICATE W-2 REQUEST FORM

Please complete this form by tabbing to each field, then print, sign and send it to Payroll Services.

You will be notified when the duplicate W-2 is completed (within 5 working days).

ROWAN UNIVERSITY

Name: _____

Signature: _____

Address: _____

Rowan ID: _____

SSN: _____

Birthdate: _____

Department: _____

Phone: _____

Email: _____

Duplicate W-2 For Calendar Year: _____

Photo ID Required for Pick Up