



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

# PAY STATEMENT REQUEST FOR DUPLICATE

Total Pay Statements Requested	Fee per Duplicate	Total Due	Pay Periods Requested List the pay period or pay period end date for each Pay Statement(s) requested
	\$10.00		

► **Payment must be received prior to request being processed.**

► **Non-active County-employees must make payment in cash, money order or cashier's check**

Must print in Black or Blue ink ONLY

Employee ID	Last Name, First Name	Department ID	
Mailing Address		State	Zip
City			

**Note:** Payroll Specialist will update address as needed based upon the above information

If submitting request by mail, submit a check or money order for total amount due made payable to: "San Bernardino County". Submit request to: Central Payroll; Attn: Pay Statement Desk; 268 W. Hospitality Lane; San Bernardino, CA 92415-0032

**Check one of the following:**

Call when ready for pick up\*  Email to \_\_\_\_\_  Send to mailing address above

\* Pay Statement(s) not picked up after 30 days of notification will be mailed to the employee's current mailing address.

**I understand that by signing this form, I am acknowledging that any check not honored by my bank will result in a \$25.00 returned check fee in addition to the payment amount of my request.**

Employee Signature	Telephone**	Date
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\*\* The telephone number provided must accept blocked calls

<b>Payroll Specialist Verification:</b> <input type="checkbox"/> Address updated
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Payroll Specialist Name (Print & Sign)	Telephone	Date
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### Office Use Only

Date Payment Received	Amount Received	Type of Payment			Receipt Number	Processed By
		<input type="checkbox"/> Check # _____	<input type="checkbox"/> Money Order	<input type="checkbox"/> Cash		

Complete if Pay Statement is mailed to employee

Address Updated (Initials)	Date	Reviewed By (Initials)	Date	Pay Statement Mailed By (Initials)	Date
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Complete if Pay Statement is picked up by employee

Pay Statement Released By (Initials)	Employee Signature	Date
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This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.