Request for Final Paycheck Stub Form

Please return completed form to: County of Henrico
Payroll Office / Room 138
4301 E. Parham Road
Henrico, VA 23228
Email – Fin-Payroll@henrico.gov
Fax – (804) 501-5380

Please issue a duplicate copy of the final paycheck stub for the following employee:

Name:

Social Security Number:

Last Day Worked:

Distribution of form: ☐ Pick-up from payroll office (be prepared to show your photo id)

☐ Fax form to:

☐ Mail form to:

(If requesting a fax or mail copy, please <u>provide a copy of your photo id when returning this form</u>.)

Reason for Request: Choose One

Signature: Date:

Please allow five business days to process your request.

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* For Payroll Use Only: Date Received: _____ Date Sent: _____

Request Fulfilled By: _____