BOYD COUNTY PUBLIC SCHOOLS

1104 Bob McCullough Drive Ashland, KY 41102 606-928-4141

REQUEST FOR PAYROLL RECORDS

Date:	
Employee Name:	
Employee Number:	Work Location:
Address:	Phone #:
Requesting:	
☐ Copy of W2 Year:	
☐ Payroll Check History Months: _	
☐ Verification of Employment	
☐ Other:	
Please send via:	
☐ Mail To:	
☐ Fax To:	
☐ Pick-Up	
Additional Information:	
Employee Signature:	
All requests will be a	ompleted within 18 hours of receipt
Au requesis wiii be c	ompleted within 48 hours of receipt.
Date Received:	<u> </u>
Completed By:	Date: