

REQUEST FOR DUPLICATE PAY STUB

Name: _____ SS #: _____

Title: _____ Department: _____

Telephone: _____

E-mail address: _____

Pay Date of Stub(s) Requested: _____

Delivery Instructions

- E-Mail
- Mail
- Hold for Pick Up

Signature: _____ Date: _____

Instructions: Please submit this form to the Human Resources Office at Baruch College – CUNY, One Bernard Baruch Way, Box D-0202, New York, NY 10010 or in person at 135 East 22nd Street, Room 202. You may also fax your request to 646-660-6614. Telephone requests will not be accepted.

Processing may take five to seven business days.