



Oregon
University
System

**Chancellors Office
Request for Duplicate W-2**

Employee requesting a duplicate W-2:

Name: _____

SSN: _____

Phone: _____

Tax Year: _____

Delivery:

U. S. Mail:

Pick Up at Department:

Signature of Requestor:

Employee Signature

Date

Payroll Office Use:

Issued by: _____

Date: _____

Comments: