

Pay Stub Request Form

The Pay Stub Request Form is for separated employees. Active employees must utilize the ESS website.

Employee Name _____

Employee Number _____

Note: Payroll Administration is able to provide a maximum of 3 copies of pay stubs for the last three months of employment or up to 3 copies of pay stubs within the last three years of employment.

Pay Stubs Requested

Month _____ Year _____

Month _____ Year _____

Month _____ Year _____

Mailing Instruction

All requests for Pay Stubs will be mailed to the address on record or the updated address if provided below.

Home Address _____

City, State, Zip _____

- Address Change (Your address on record will be updated.) Change of address for a retired employee must be processed through Benefit Administration by completing the Retiree Change of Address Form before pay stubs can be forwarded to a new address.

Telephone Number _____

Email Address _____

Signature _____

Date _____

Please email completed form to payrollsupport@lausd.net