



Request for Duplicate Form W-2

Employee Name: _____

Employee Number: _____

Document(s) Requested: _____

2024 W-2 Requests are only for those who do not have access to the ESS website.

Prior Year W-2
Year(s): _____

Note: W-2's will only be generated going back to calendar year 2020. This may require up to 10-14 days for processing and distribution.

Mailing Instructions: All duplicate requests for W-2's will be mailed to the home address on file or the updated address if provided below.

Home Address: _____

City, State, Zip Code _____

Address Change (Your address on record will be updated).

A change of address for a retired employee must be processed through Benefit Administration. The Retiree Change of Address Form must be completed before a duplicate request can be forwarded to the new address.

Telephone Number: _____

Email Address: _____

Signature: _____

Date: _____

Please email the completed form to payrollsupport@lausd.net