



Request for Final Paycheck Stub

Please return this form to:

County of Henrico
Payroll Office RM 138
4301 E Parham Road
Henrico, VA 23228

Fax: (804) 501-5380

Please issue a duplicate copy of the final paycheck stub for the following employee:

Employee Name: _____

Social Security Number: _____

Last Day Worked: _____

Distribution of form:

_____ ~~Pick-up from payroll office~~

(If picking up in person, please be prepared to show picture ID such as driver's license or Employee ID badge.)

_____ Fax form to: _____

_____ Mail form to: _____

(If requesting that the form to be mailed, please provide a copy of your picture ID such as driver's license or Employee ID badge along with this request form.)

Reason for request: _____ Never received

_____ Misplaced

_____ Destroyed

Employee Signature: _____ **Date:** _____

*** Please allow five business days to process your request.

For Payroll Office Use Only:

Date request received: _____ Date form mailed, picked-up, or faxed: _____

Request fulfilled by: _____