

**OFFICE OF THE  
RIVERSIDE COUNTY  
AUDITOR-CONTROLLER**

Main Phone (951) 955-3810  
Fax (951) 955-3814

**REQUEST FOR DUPLICATE PAY STUB / PAY ADVICE**

**Date of Request** \_\_\_\_\_

Department Name \_\_\_\_\_  
 Department Representative \_\_\_\_\_  
 Department Rep Phone: \_\_\_\_\_  
 Department Rep Email Address: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee # \_\_\_\_\_  
 (Last name, First Name)  
 Pay Period \_\_\_\_\_ Year \_\_\_\_\_ Check # or  
 Advice # \_\_\_\_\_  
 (Circle One)

**Employee Current Mailing Address:**  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Office Use Only*

Date Processed	Processed by	Email Sent