

COUNTY OF RIVERSIDE
AUDITOR CONTROLLER'S OFFICE



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

REQUEST FOR EMPLOYEE EARNINGS RECORDS

Date of Request: _____
(If employee is submitting form, complete 2nd and 3rd boxes only, then sign and date.)

Box 1

Department Name:	_____
Department Representative:	_____
Department Rep. Phone:	_____
Depart. Rep. Email Address:	_____

Box 2

Employee Name:	_____	Employee #:	_____
(Last name, First Name)			
From:	_____	To:	_____
****Mo/Qtr/Year		****Mo/Qtr/Year	

Box 3

Employee Current Mailing Address:			
Street:	_____		
City:	_____	State:	_____
		Zip Code	_____

Employee Signature: _____ Date: _____

Office Use Only

Date Processed	Processed by	Date Mailed/Picked Up

**** Employee Earnings Records can only be produced in 'Quarter' or 'Year' increments.

Example: Requesting earnings for the month of May, will result in a report containing April, May and June.

