

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