



Request for Check Stubs/W2 Form

Name: _____ Employee ID: _____

Last 4 of Social: _____ DOB: _____

Request for Check Stubs

Please specify which check dates are needed:

Check Date: _____

Check Date: _____

Check Date: _____

Check Date: _____

Check Date: _____

Request for W2

Please specify which W2 years are needed:

Year: _____

Year: _____

Year: _____

If you have any questions regarding this form please contact Payroll.

Please send this form via:

Email: payroll_department@fbctx.gov

Fax #: 281-341-4567