

**CONTRA COSTA COMMUNITY COLLEGE DISTRICT  
EMPLOYEE REQUEST FOR REPLACEMENT W-2 FORM**

I have reviewed my address as it appears on Web Advisor and it is correct      yes      no

(**IF no**, please enter your current address in the space provided below)

I am requesting a replacement W-2 form for the tax year \_\_\_\_\_

**Please check one:**

Mail my replacement to my current address

I will pick up my replacement at my campus payroll department

I will pick up my replacement at the district office

Employee Name: \_\_\_\_\_  
(Print Name)

Employee ID # \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Work Location:            CCC            DO            DVC            LMC

Current Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign Here)

Please fax this completed form to the District Office Payroll Department at  
FAX : (925) 370-7541