



EARNINGS STATEMENT REPRINT REQUEST

Please reissue an EARNING STATEMENT for the Pay Period(s)/Pay Date(s) of:

Payroll Department

Central Financial Services

Mail code AD225

Mailing address:
2525 SW 1st AVE Ste 201
Portland, OR 97201-4762

tel 503 494-8103
fax 503 346-6839

e-mail:
paycheck@ohsu.edu

Website:
www.ohsu.edu/xd/about/services/financial-services/

Mary Justice
Sr. Manager, Central
Disbursements
justicem@ohsu.edu

MAIL FAX E-MAIL HOLD for Pickup

Mailing address, Fax number, Campus Mail and/or E-Mail address destination

FAX number

Home Phone Number

Work Phone Number

Please change my address and phone to the information listed above.

Reprint is requested for the following reason:

Never received Misplaced or Destroyed

Name or Social Security Number incorrect

Other (explain) _____

There is a reprint fee of \$5 for EACH one.

Payment is by cash, check or deduction off your next paycheck. [check one]

My payment will follow by mail.

I, the undersigned, give permission for OHSU to deduct \$_____ dollars from my next paycheck to pay the reprint fee.

Employee Name (Please Print)

Employee ID #

Employee Signature

Date

Requested Int/Date	Reissued Int/Date