

Government of the Virgin Islands of the United States

DEPARTMENT OF HUMAN SERVICES

Office of Human Resources, Labor Relations & Payroll

W-2 RE-ISSUANCE REQUEST FORM

NOTE: There is a 24 hour processing period on all requests * ID must be presented when picking up

* There is a \$15.00 fee for any re-issuance of duplicate W-2 VI forms

Date:	-			
	EMPLOYEE II	NFORMATION		
Name:		_		
Employee Number:				
Telephone Number:				
SSN:				
Email Address:				
Job Title:				
Activity Site:				
Address:				
Emplo	yee Signature:		<u> </u>	
	FOR HR OFFI	CE USE ONLY		
Prepared By:				
Date Issued:				
Comments:				