



School Board

2700 Judge Fran Jamieson Way
Viera, FL 32940
Ph: 321-633-1000
Fax: 321-633-3534

REQUEST for PAY STUB COPIES

The following is a request for copies of my pay stubs. I understand there is a minimum processing fee of \$20.00 per hour. In addition there is a \$0.15 charge per page. Additional charges may be incurred for special processing and/or set-up.

I understand I will be notified in advance of all charges and payment is required before Request for Pay Stub Copies is processed. Please make the check payable to The Brevard County School Board and include the Invoice number on your check.

Employee Name: _____

Employee ID #: _____

Employee Address: _____

School/Dept. #: _____

Employee Contact #: _____

Date of Request: _____

PAY DATE

← OR →

PAY PERIOD

Table with 2 columns: Date. Rows: 05/15/09, 06/12/09, blank, blank, blank, blank, blank.

Table with 2 columns: Date. Rows: blank, blank, blank, blank, blank, blank, blank.

← Should be actual date PAID i.e. - 05/15/09 and/or 06/12/09

← OR →

Should be range of pay periods. → i.e. - 04/01/09 thru 05/31/09

Table with 3 columns: Beginning, thru, End. Rows: 04/01/09, 05/31/09, blank, blank, blank, blank, blank.

* Please allow 5 to 10 business days for processing. You will be contacted when the documents are ready.

I have read and agree to the statements above and understand payment must be received prior to my request being processed:

- I will Pick Up my request.
Please deliver to my Site listed above.
Please deliver to the address listed above.

Employee Signature

Date