

Inactive Employee Document Request



Northern Illinois University

Human Resource Services

Date:

Name:

Last

First

Middle

Phone Number:

Employee ID #:

Mailing Address:

Current Street / P.O. Box

City

State

Zip Code

Previous Street / P.O. Box (if different when employed at NIU)

City

State

Zip Code

Last Department Worked For:

Date Employment Ended:

Month

Year

Document Request:

W-2's (list years needed)

Pay Stubs (date range needed)

Other (specify document needed)

(HRS reserves the right to deny requests. Requests for 4 or more forms will be reviewed on a case by case basis.)

Requestor Signature _____

Date