

Please return this form to: International Schools Services, Inc.  
Payroll Department  
P O Box 5910  
Princeton, NJ 08543-5910  
Fax: 609-452-1154  
Email: [Kmcewen@ISS.edu](mailto:Kmcewen@ISS.edu)

Employee Name: \_\_\_\_\_

Pay period(s) or payroll date(s): \_\_\_\_\_

Mail form to: \_\_\_\_\_

Street address

City	State	Zip Code
------	-------	----------

Email form to:

Fax form to: \_\_\_\_\_

Reason for request: (select one)      Never received      Lost/Misplaced/Destroyed

Signature of Employee: \_\_\_\_\_

Please allow five business days to process your request.

For Payroll Department use only:

Date request received:\_\_\_\_\_ Date distributed to employee:\_\_\_\_\_

Received by employee: \_\_\_\_\_  
Signature of Employee