

PAYSTUB REPRINT REQUEST FORM

Please return this form to:

Eat'n Park Hospitality Group, Inc. Payroll Department 285 East Waterfront Drive Homestead, PA 15120

Fax: 412-464-3061

E-mail: payrollemail@eatnpark.com

EMPLOY	EE INFORMA	TION:			
Name					
Site #:					
	SELECT O	<u>NE</u> OF THE OPTIONS BELOW FOR	R SPECIAL ONE-TIM	1E DELIVERY	
Pay Date(previous I	s) of Paystub(s):				
	SEND to Re	estaurant/Site - (we will e-mail to site)	Site #		
	FAX to Attr	ı:	Fax Number	()	
	MAIL to my HOME address				
	Address:				
		y:	State:		
	E-MAIL	E-mail address:	@		
	- I C			D .	
	Employee S	ignature		Date	

Note: Duplicate paystub(s) will be sent when this request is received. If requesting by mail, please allow up to 5 buisness days for your paystub(s) to arrive. For fax requests, please allow 1-2 business days depending on processing schedule and/or volume.