



DUPLICATE STATEMENT REQUEST FORM

DEPARTMENT OF EDUCATION
Office of Fiscal Services
Operations Section
P.O. Box 2360 Honolulu, HI 96804

This form will be used to request duplicate statements for years 2018 and prior. Any duplicate statements for years 2019 and forward must be retrieved from the Hawaii Information Portal (HIP) website at hip.hawaii.gov.

Processing time is 7 to 10 business days. The processing time will begin once the completed request form and payment is received by the Payroll Unit. Walk-in requests will not be accepted.

I. EMPLOYEE INFORMATION

- a. Name: _____ SSN#: _____
- b. Address: _____

- c. Telephone: _____ Payroll #/Warrant Distribution Code: _____
(if available – e.g. “E10-230”)

II. STATEMENT DATE(S)

Pay Date	# of Copies		Cost		Total
		X		=	
		X		=	
		X		=	
		X		=	
		X		=	
		X		=	
		X		=	
		X		=	
		X		=	
** Duplicate Statement copies do not contain YTD earnings**				Total Cost	=

III. PAYMENT OPTIONS

- Cash (Note: Exact amount; no change will be given)
- Cashier’s Check (Note: Make Cashier’s Check payable to “**Dept. of Education**”)
- Money Order (Note: Make Money Order payable to “**Dept. of Education**”)
- Personal Check (Note: Make Personal Check payable to “**Dept. of Education**”)

IV. REASON FOR REQUEST

V. DELIVERY OPTIONS

- I will pick up my duplicate statement(s). Please contact me at the phone number listed above.
- Please mail my duplicate statement(s). I will provide a self-addressed stamped envelope.

VI. EMPLOYEE AUTHORIZATION

Please verify all fields are completed and form is signed before submittal. Please mail this Duplicate Statement Request Form and payment to:

DOE Operations Section – Payroll Unit, P.O. Box 2360, Honolulu, HI 96804

Signature: _____ Date: _____

VII. FOR PAYROLL UNIT USE ONLY

- Cash
- Cashier's Check #: _____
- Money Order #: _____
- Personal Check #: _____

Total Amount Paid: _____
Initials: _____
Date Received: _____