Withdrawal of Consent to Electronic Form W-2

SECTION I: EMPLOYEE INFORMATION:

Last Name ____________________________  First Name ____________________________

Employee ID ____________________________  Telephone Number ____________________________

SECTION II: ELECTRONIC W-2 SERVICE

Use this form only if you have consented to electronic-only delivery of your W-2, but you have changed your mind and now want the City Colleges of Chicago (CCC) District Payroll Office to send you your Form W-2 via U.S. mail. If you have not already consented to electronic-only delivery, you do not need to submit this form to continue receiving your Form W-2 via U.S. mail. This form is only used for withdrawing consent that you have previously given.

Please read the Electronic Form W-2 Disclosure Notice for more information.

Withdrawal of consent will be effective on the date received by the District Payroll Office and will be confirmed in writing or by email. If consent is withdrawn, it will only be effective for W-2s not yet issued.

City Colleges of Chicago provides on-line access to your current and previous (back to 2004) W-2s on the PeopleSoft Employee Self Service web site. If you wish to change back to electronic-only delivery after you have submitted this form, please go to the Employee Self Service web site and re-consent to receive your Form W-2 electronically.

Employee Self Service:
http://hr.co.ccc.edu/psp/HRPROD/?cmd=login&languageCd=ENG

Reason (Optional):
It would be helpful to the City Colleges of Chicago District Payroll Office to understand why you wish to receive a paper W-2 via U.S. mail. If you wish, please tell us your reason in the space below:

__________________________________________________________________________________________________________________________________________________________

I would like to withdraw my consent to electronic-only delivery of my Form W-2, and request that City Colleges of Chicago mail a printed Form W-2 form to my address on record.

_________________________  ______________________
Signature of Employee  Date

Please mail or fax the completed form to:
District Payroll Office
226 W. Jackson Blvd., 12th floor
Chicago, IL 60606
312-553-2857 (fax)

Prepared by the Office of Human Resources & Staff Development/Payroll Department
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