

## IUEC REQUEST FORM

**Instructions: Complete applicable section (s) and submit form to e\*source for processing.**

To scan email your request: [esource@thyssenkrupp.com](mailto:esource@thyssenkrupp.com)

To **Fax** your request, please 866-848-3351

If you have questions, please call **e\*source** at 866-910-6085

### SECTION 1 PERSONAL INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

EMPLOYEE ID# \_\_\_\_\_ Contact Phone # \_\_\_\_\_

### SECTION 2 ADDRESS CHANGE

EFFECTIVE DATE \_\_\_\_\_

#### OLD ADDRESS

Address (Street and number) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### NEW ADDRESS

Address (Street and number) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### SECTION 3 PAYROLL CHANGES / REQUESTS

I would like to request a copy of my **PAYCHECK** for pay period \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_

I would like to request my **W-2** for the year \_\_\_\_\_.

All W-2's can only be sent via US Mail (no faxing, emailing or overnighting)

I would like to update my **W-4 Federal Tax Withholding**. Completed form must be attached.

I would like to update my **State Tax Withholding**. Completed form must be attached.

I would like to create/update my **Direct Deposit Election**. Completed form must be attached.

Blank forms can be found on [www.tk-esource.com](http://www.tk-esource.com)

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

