Anchorage School District
Pay Advice Print Request

Name: _____

Social Security Number: XXX - XX - _____
(LAST 4 DIGITS ONLY)

☐ I am requesting that my Pay Advice be printed as well as available on-line through District Connection until further notice.

☐ I am requesting that the printing of my Pay Advice be stopped; it will be available on-line through District Connection until further notice.

_____ _____
Employee Signature Date

For District Use Only

Processed by: _____ Date: _____