THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

Request for Copies of Statements, Checks, and Reports

SUBMIT COMPLETED FORM TO:
Office of Payroll Administration
Payroll Distribution Division
One Centre Street, Room 200N
New York, NY 10007

If paying by Credit Card or Payroll Deduction, you may fax to: (212) 669-4928

www.NYC.gov/payroll

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION

FIRST | M.I. | LAST

SOCIAL SECURITY NUMBER | DAYTIME PHONE NUMBER | PAYROLL #

MAILING ADDRESS
(Address to which copies of documents will be mailed)

STREET ADDRESS

STREET ADDRESS CONTINUATION

BOROUGH / CITY / TOWN | STATE | ZIP CODE + 4

PAY STATEMENT (PPCCP320 Report)

Enter the pay date(s) of your request.

MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY

PAID CHECK

MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY

EARNINGS REPORT (PPCCQ336 Report)

Enter the year(s) of your request.

YYYY | YYYY | YYYY | YYYY | YYYY | YYYY

Requested by: ☐ Employee Signature ☐ Other Authorized Person _____ (Relationship)

Signature _____

FEE CALCULATION - Enter quantity and total

	NUMBER OF ITEMS		FEE PER ITEM	TOTAL
STATEMENT, CHECK, REPORT		X	$22.00	

A fee of $22 is charged for each item. Fees do not apply to copies of documents for active employees of NYCHA, NYCERS, TRS, Police Pension Fund, or the Water Authority.

PAYMENT METHOD - Select method of payment (Cash Not Accepted)

☐ Certified Check ☐ Money Order — Please make certified check or money order payable to: **City of New York Office of Payroll Administration**

☐ Payroll Deduction (FOR ACTIVE EMPLOYEES ONLY) _____ Employee Authorization for Payroll Deduction

☐ Credit Card ☐ Debit Card (Not accepted by fax or mail)

Complete section below for Credit and Debit Cards

Credit Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ American Express

CREDIT CARD ACCOUNT NUMBER | EXPIRATION DATE MM/YY

Cardholder Name _____
(Print name as it appears on card)

Cardholder's Signature _____

FOR OPA USE ONLY

Request for copies received by:

Name _____
(Please Print)

Signature MM/DD/YY

Items Mailed: _____ MM/DD/YY **Initial** _____

Certified Check, Money Order, or Credit / Debit Card processed by:

Name _____
(Please Print)

Signature MM/DD/YY

Payroll Deduction entered by: **Deduction Code** 7059

Name _____
(Please Print)

Signature MM/DD/YY