THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

Change to Employee Address

Revised 8/03

SUBMIT COMPLETED FORM TO:

Agency Personnel Division

EMPLOYEE NAME

FIRST | **M.I.** | **LAST** | **SOCIAL SECURITY NUMBER**

AGENCY

PYRL # NAME

AGENCY USE ONLY

DOCUMENT NUMBER | **CD** | **JSN**

EMPLOYEE'S ADDRESS

RESIDENCE

STREET ADDRESS *INCLUDE: APT. #, FL. # OR BOX #, IF APPLICABLE.*

STREET ADDRESS CONTINUATION

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

***COUNTY CODE KEY**

A = ALBANY
B = BROOKLYN
C = COLUMBIA
D = DUTCHESS
E = DELAWARE
F = WASH. D.C.
G = GREENE
H = SCHOHARIE
K = ROCKLAND
L = SULLIVAN
M = MANHATTAN
N = NASSAU
O = ORANGE
P = PUTNAM
Q = QUEENS
R = RICHMOND
S = SUFFOLK
U = ULSTER
W = WESTCHESTER
X = BRONX
Y = ALL BOROUGHS
Z = OTHER

PRIOR RESIDENCE

DID YOU RESIDE IN ONE OF THE FIVE (5) NEW YORK CITY BOROUGHS PRIOR TO ADDRESS CHANGE? ☐ YES ☐ NO

TransitBenefit ☐ *CHANGE TO NEW RESIDENCE ADDRESS ABOVE*

STREET ADDRESS *INCLUDE: APT. #, FL. # OR BOX #, IF APPLICABLE.*

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

SAVINGS BOND ☐ *CHANGE TO NEW RESIDENCE ADDRESS ABOVE*

STREET ADDRESS *INCLUDE: APT. #, FL. # OR BOX #, IF APPLICABLE.*

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

EMPLOYEE NAME (PLEASE PRINT) SIGNATURE MONTH DAY YEAR

AGENCY PAYROLL SECTION

PREPARER	PERSONNEL REVIEWER	DATA ENTRY OPERATOR
I CERTIFY THAT THE ABOVE ACTION IS SUPPORTED BY DOCUMENTATION ON FILE.	I CERTIFY THAT I HAVE REVIEWED THE ABOVE CHANGE.	I CERTIFY THAT THE ABOVE DATA WAS ENTERED INTO PMS.
NAME (PLEASE PRINT)	NAME (PLEASE PRINT)	NAME (PLEASE PRINT)
SIGNATURE	SIGNATURE	SIGNATURE
MONTH DAY YEAR	MONTH DAY YEAR	MONTH DAY YEAR

09/09/2004