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

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

TransitBenefit

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

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

SAVINGS BOND

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

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

EMPLOYEE NAME (PLEASE PRINT) | SIGNATURE | MM/DD/YY

AGENCY PAYROLL SECTION

PREPARER	PERSONNEL REVIEWER	KEY 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
MM/DD/YY	MM/DD/YY	MM/DD/YY