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