THE CITY OF NEW YORK PAYROLL MANAGEMENT SYSTEM **Request for Copies of Statements, Checks, and Reports**	*SUBMIT COMPLETED FORM TO:* **Office of Payroll Administration Check Distribution Unit** 450 West 33rd Street, 4th Floor New York, NY 10001	If paying by Credit Card or Payroll Deduction, you may fax to: **(212) 857-7262** www.NYC.gov/payroll

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION	**FIRST** **MI** **LAST** _____ __ _____ **SOCIAL SECURITY NUMBER** **DAYTIME PHONE NUMBER** _____ _____ **AGENCY NAME:** _____ **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):** _____ _____ _____ _____
PAID CHECK	_____ _____ _____ _____
EARNINGS REPORT *(PPCCQ336 Report)*	**Enter the year(s) of your request (YYYY):** _____ _____ _____ _____ _____ _____ _____

Requested by: __ **Employee Signature**   __ **Other Authorized Person** _____
                   Relationship
     Signature _____

FEE CACLULATION – Enter quantity and total   *PAYMENT METHOD* – Select method of payment (Cash Not Accepted)

	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.

__ **Certified Check**   *Please make certified check or money order payable to:*
__ **Money Order**   *City of NY Office of Payroll Administration*

__ **Payroll Deduction** (For active employees only) _____

Employee Authorization for Payroll Deduction

__ **Credit Card**   *Complete section below for Credit Card*

Credit Card Type: __ **MasterCard**   __ **VISA**   __ **Discover**   __ **American Express**   **CVV**

CREDIT CARD ACCOUNT NUMBER _____ - _____ - _____ - _____   **EXPIRATION DATE (MM/YY)** _____

Cardholder Name _____   **Cardholder's Signature** _____
     (Print name as it appears on card)

FOR OPA USE ONLY

Request for copies received by:	**Certified Check, Money Order, or Credit Card processed by:**	**Payroll Deduction entered by:** **Deduction Code:**
Name: _____ (Please print) **Signature:** _____ **Date (MM/DD/YY)** _____ **Items Mailed** **Date (MM/DD/YY)** **Initials** _____ _____ _____	**Name:** _____ (Please print) **Signature:** _____ **Date (MM/DD/YY)** _____	**7 0 5 9** **Name:** _____ (Please print) **Signature:** _____ **Date (MM/DD/YY)** _____