THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

FISA FORM PMSF04 (12/92)

CHANGE TO EMPLOYEE ADDRESS

DOCUMENT NUMBER

SOCIAL SECURITY NUMBER

CD

TELEPHONE #_____

NEW ADDRESS

LINE 1

LINE 2

LINE 3

CITY

STATE

ZIP CODE

COUNTY *

TAX EXCL CODE

EMPLOYEE NAME	* COUNTY CODE KEY				
PRINT NAME _____ SIGNATURE _____	A - ALBANY	F - WASH. DC	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	
DID YOU RESIDE IN THE CITY OF NEW YORK PRIOR TO CHANGE? ☐ YES ☐ NO (check one)					

PREPARER	PERSONNEL CLERK	KEY ENTRY OPERATOR
I CERTIFY THAT THE ABOVE CHANGE 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
SIGNATURE _____	SIGNATURE _____	SIGNATURE _____
DATE _____	DATE _____	DATE _____