



# Request for Copies of Pay Statements, Checks, and Reports

Submit Completed Form to  
FISA-OPA Via Fax or Mail  
Fax: (212) 857-7262  
Attn: Check Distribution Unit

Mail: FISA-OPA  
Check Distribution Unit  
450 West 33rd Street, 4th Floor  
New York, NY 10001-2633

## EMPLOYEE SECTION

<b>EMPLOYEE IDENTIFICATION</b>	FIRST	MI	LAST
	SOCIAL SECURITY NUMBER	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	AGENCY NAME	PAYROLL #	

<b>MAILING ADDRESS</b> (Address to which copies of documents will be mailed)	STREET ADDRESS		
	STREET ADDRESS CONTINUATION		
	BOROUGH / CITY / TOWN	STATE	ZIP CODE + 4
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<b>PAY STATEMENT</b> (PAY STUB)  2001 to Present Only	Enter the specific pay date(s) of your request (MM/DD/YY):
	Or enter the range of pay dates of your request:  From: _____ To: _____

<b>PAID CHECK IMAGE</b>	Enter the specific pay date(s) of your request (MM/DD/YY):
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<b>EARNINGS REPORT</b>  1974 to Present Only	Enter the year(s) of your request (YYYY):
	Or enter the range of pay dates of your request:  From: _____ To: _____

<b>REQUESTED BY</b>	Employee Signature	Other Authorized Person	Name of Other Authorized Person
	Signature _____		Relationship to Employee

## FOR OPA USE ONLY

Request for copies received by:

Name \_\_\_\_\_ Signature \_\_\_\_\_  
(Please Print)

Date Completed (MM/DD/YY) \_\_\_\_\_

# Items: (Check one) Mailed Emailed Faxed