



Request for Copies of Pay Statements, Checks, and Reports

Submit Completed Form to FISA-OPA Via Fax or Mail

Fax: (212) 857-7262

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

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION

First MI Last
Social Security Number
Agency Payroll #

RECORDS DISTRIBUTION METHOD

(Section is for Requestor to choose how they want the requested records/documents distributed)

Choose One: Mail Email
Street Address
City State ZIP Code
Email Address

PAY STATEMENT

Enter the specific pay date(s) of your request (MM/DD/YY):
Or enter the range of pay dates of your request:
From: To:

PAID CHECK IMAGE

Enter the specific pay date(s) of your request (MM/DD/YY):

EARNINGS REPORT

1974 to Present

Enter the year(s) of your request (YYYY):
Or enter the range of years of your request:
From: To:

PARTY AUTHORIZING RELEASE OF RECORDS

Requestor Choose One:

Employee

Agency

Other Authorized Person

Telephone Number

Name of Other Authorized Person

Email Address

Relationship to Employee

Requestor Name

Signature

If this form is signed by agency or other authorized person, please provide proof you are authorized to make this request (e.g., a valid power of attorney, a notarized statement from the employee, letters of administration from an estate administrator or letters testamentary from an executor or guardian).

NOTARY ACKNOWLEDGMENT

Signature

This Form Must be Acknowledged Before a Notary Public or Commissioner of Deeds.

State of

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)ss.:

County of

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument and acknowledged that the statements contained therein are true.

If you have an official seal, affix it here:

Signature of Notary Public or Commissioner of Deeds

My Commission Expires:

FOR FISA-OPA USE ONLY

Request for copies completed by:

Name

Signature

Date Completed (MM/DD/YY)

Items:

Mailed

Emailed