

Request for Copies of Statements, Checks, and Reports

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION	FIRST	M.I.	LAST
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	SOCIAL SECURITY NUMBER	DAYTIME PHONE NUMBER	
	<input type="text"/>	<input type="text"/>	
AGENCY NAME: _____			PAYROLL # <input type="text"/>

MAILING ADDRESS <small>(Address to which copies of documents will be mailed)</small>	STREET ADDRESS		
	<input type="text"/>		
	STREET ADDRESS CONTINUATION		
	<input type="text"/>		
BOROUGH / CITY / TOWN		STATE	ZIP CODE + 4
<input type="text"/>		<input type="text"/>	<input type="text"/>

PAY STATEMENT <i>(PCCP320 Report)</i>	Enter the pay date(s) of your request.			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAID CHECK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EARNINGS REPORT <i>(PCCQ336 Report)</i>	Enter the year(s) of your request.					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

FEE CALCULATION - Enter quantity and total	PAYMENT METHOD - Select method of payment (Cash Not Accepted)								
<table border="1"> <thead> <tr> <th></th> <th>NUMBER OF ITEMS</th> <th>FEE PER ITEM</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>STATEMENT, CHECK, REPORT</td> <td>X</td> <td>\$22.00</td> <td></td> </tr> </tbody> </table> <p><small>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.</small></p>		NUMBER OF ITEMS	FEE PER ITEM	TOTAL	STATEMENT, CHECK, REPORT	X	\$22.00		<input type="checkbox"/> Certified Check <input type="checkbox"/> Money Order Please make certified check or money order payable to: City of New York Office of Payroll Administration <input type="checkbox"/> <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> (FOR ACTIVE EMPLOYEES ONLY) <input type="checkbox"/> Employee Authorization for Payroll Deduction <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> <small>(Not accepted by fax or mail)</small> Complete section below for Credit and Debit Cards
	NUMBER OF ITEMS	FEE PER ITEM	TOTAL						
STATEMENT, CHECK, REPORT	X	\$22.00							

Credit Card Type: MasterCard VISA Discover American Express

Cardholder Name: _____

Cardholder's Signature: _____

CREDIT CARD ACCOUNT NUMBER:

EXPIRATION DATE: /

(Print name as it appears on card)

FOR OPA USE ONLY

Request for copies received by:	Certified Check, Money Order, or Credit / Debit Card processed by:	Payroll Deduction entered by: Deduction Code
Name _____ <small>(Please Print)</small>	Name _____ <small>(Please Print)</small>	Name _____ <small>(Please Print)</small>
Signature _____	Signature _____	Signature _____
Items Mailed: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Initial <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>