

**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): _____
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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 align="center">X</td> <td align="center">\$22.00</td> <td></td> </tr> </tbody> </table> <p>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.</p>		NUMBER OF ITEMS	FEE PER ITEM	TOTAL	STATEMENT, CHECK, REPORT	X	\$22.00		<input type="checkbox"/> Certified Check } Please make certified check or money order payable to: <input type="checkbox"/> Money Order } City of NY Office of Payroll Administration <input type="checkbox"/> Payroll Deduction (For active employees only) _____ <input type="checkbox"/> Credit Card } Employee Authorization for Payroll Deduction Complete section below for Credit Card
	NUMBER OF ITEMS	FEE PER ITEM	TOTAL						
STATEMENT, CHECK, REPORT	X	\$22.00							

Credit Card Type: MasterCard VISA Discover American Express CVV _____

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

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

FOR OPA USE ONLY

Request for copies received by: Name: _____ (Please print) Signature: _____ Date (MM/DD/YY) _____ Items Mailed _____ Date (MM/DD/YY) _____ Initials _____	Certified Check, Money Order, or Credit Card processed by: Name: _____ (Please print) Signature: _____ Date (MM/DD/YY) _____	Payroll Deduction entered by: Deduction Code: 7059 Name: _____ (Please print) Signature: _____ Date (MM/DD/YY) _____
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