

Request for Copies of Statements, Checks, and Reports

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION	FIRST	M.I.	LAST
	SOCIAL SECURITY NUMBER	DAYTIME PHONE NUMBER	
	AGENCY NAME: _____		

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

PAY STATEMENT <i>(PPCCP320 Report)</i>	Enter the pay date(s) of your request.			
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
PAID CHECK	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY

EARNINGS REPORT <i>(PPCCQ336 Report)</i>	Enter the year(s) of your request.					
	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY

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>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 <input type="checkbox"/> Money Order <small>Please make certified check or money order payable to: City of New York Office of Payroll Administration</small> <input type="checkbox"/> Payroll Deduction <small>(FOR ACTIVE EMPLOYEES ONLY)</small> Employee Authorization for Payroll Deduction <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <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

CREDIT CARD ACCOUNT NUMBER: _____ EXPIRATION DATE: MM/YY

Cardholder Name: _____ Cardholder's Signature: _____
(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: _____ Initial: _____		Deduction Code: 7059