



THE INFORMATION REQUESTED ON THIS FORM IS COLLECTED, MAINTAINED, AND SAFEGUARDED IN ACCORDANCE WITH THE PRIVACY ACT OF 1974.

NAME	SOCIAL SECURITY NUMBER
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TIME AND LEAVE UNIT	LOCATION OF SERVICING PAYROLL OFFICE
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NEW ADDRESS

Please place an "X" in the appropriate box(es) - This request will change the address for the item(s) indicated below.

- RESIDENCE ADDRESS - An "X" for this item will change the address for W-2 and TSP purposes.
- SAVINGS BONDS - An "X" for this item will change the address of all savings bonds.
- An "X" for this item will change only a specific savings bond. *(Use comments section below to identify bond.)*
- CHECK MAILING - An "X" for this item will direct mail your biweekly salary check to the new address.

NOTE: Did you change State or local taxing Authorities? If appropriate, complete new tax withholding certificate(s).

COMMENTS

SIGNATURE	DATE
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FOR PAYROLL OFFICE USE ONLY

INPUT BY	DATE
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