

REQUEST FOR CHANGE IN PAYCHECK DELIVERY LOCATION

This form may be used for a single pay date change or a permanent change.

If permanent, please write "permanent" on the line as indicated.

I _____ wish to change my paycheck delivery location from
(Name)

_____ to _____ effective: _____
(Current location) (New Location) (Single Pay Date / Permanent / ESY Only)
Circle One

(Signature)

(Date)

Any requests must be made a minimum of **three** days prior to the pay date in which you would like to change your paycheck delivery location. Please note that paycheck delivery location changes will no longer be accepted by telephone.

This form should be returned to:
WSWHE BOCES
Payroll
1153 Burgoyne Avenue, Suite 2
Fort Edward, NY 12828.

You may also return this form via fax to (518) 746-3366 or e-mail payroll@wswheboces.org.