Department of Veterans Affairs

CHANGE OF ADDRESS REQUEST - PAYROLL

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

NAME	SOCIAL SECURITY NUMBER

TIME AND LEAVE UNIT	LOCATION OF SERVICING PAYROLL OFFICE

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.
- ☐ SPECIFIC SAVINGS BOND - 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

FOR PAYROLL OFFICE USE ONLY

INPUT BY	DATE