REQUEST FOR OFFICIAL CORRESPONDENCE ADDRESS

Effective Date New Employee	Bureau IN05 Subureau FA Block 035
Name (please print)	SSN <u>XXX</u> - <u>XX</u>
OFFICIAL CORRESPONDENCE ADDRESS - (W-2), Leave and Earnings Statement, and othe	r official correspondence:
Street/Apt/P.O. Box	
City/State/Zip	
BOND ADDRESS	
	that should go to the above address. different address, complete Bond Form
Employee Signature	Date
All checks must be delivered electronically. Comp (SF-1199a or FMS 2231) for electronic deposit of Note: Information on this form is protected by the to authorized persons according to Title 5 U.S.C. System of Records Notice Interior/OS-85)	f your wages and salaries. c Privacy Act. Disclosure may be made only

P-77 (11/17)