

Bureau _____
Sub Bureau _____
Block _____

REQUEST FOR OFFICIAL CORRESPONDENCE & NET CHECK INFORMATION

NAME (please print) _____ SSN _____

NEW EMPLOYEE EXISTING EMPLOYEE

FOLLOWING INFORMATION EFFECTIVE PAY PERIOD _____

REASSIGNED WITHIN REGION/DISTRICT/STATE
FROM: _____ TO: _____

TRANSFERRED FROM ONE REGION/DISTRICT/STATE TO ANOTHER
FROM: _____ TO: _____

TRANSFERRED FROM ONE DOI AGENCY TO ANOTHER
FROM: _____ TO: _____

1. OFFICIAL CORRESPONDENCE ADDRESS - USED TO MAIL WAGE AND TAX STATEMENT (W-2), LEAVE AND EARNINGS STATEMENT, AND OTHER OFFICIAL CORRESPONDENCE:

APT / STREET / PO BOX _____

CITY / STATE / ZIP _____

2. NET CHECK TO: (DIRECT DEPOSIT IS MANDATORY UNLESS A WAIVER IS APPROVED - SEE DOI HRM BULLETIN 96-3(550))

FINANCIAL INSTITUTION - COMPLETE SF-1199A, REQUEST BY EMPLOYEE FOR PAYMENT OF SALARIES OR WAGES BY CREDIT TO ACCOUNT AT FINANCIAL INSTITUTION.

OFFICIAL CORRESPONDENCE ADDRESS - WAIVER OF DIRECT DEPOSIT REQUIREMENT ATTACHED - IF APPROVED, MAIL NET CHECK TO OFFICIAL CORRESPONDENCE ADDRESS.

EMPLOYEE SIGNATURE _____ DATE _____