

SMITHSONIAN INSTITUTION
EMPLOYEE REQUEST FOR ADDRESS DESIGNATION

NAME:

SSN:

PAY SLIP MAILING ADDRESS

STREET ADDRESS:

SECOND LINE:

THIRD LINE:

CITY:

STATE:

ZIP CODE:

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NOTE: If you currently have Direct Deposit for your check and DO NOT want to change, DO NOT fill in an address below. For a Direct Deposit change, submit a new SF-1199A to the Payroll Office.
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CHECK MAILING ADDRESS

STREET ADDRESS:

SECOND LINE:

THIRD LINE:

CITY:

STATE:

ZIP CODE:

SIGNED:

DATE:

.....

AGENCY USE ONLY

STATE

CITY

COUNTY

AGY

STATE

CITY

COUNTY