

Administrative Office of Pennsylvania Courts



Payroll Information Change Form

Name _____ Social Security Number XXX - XX - _____
Last name, first name & middle initial Last 4 digits only

Effective Date of change(s) : _____

ADDRESS CHANGE

For: Office Residence

Old Address

New Address

If change of address includes a change of county and/or municipality, please also complete the Earned Income Tax Questionnaire.

TELEPHONE NUMBER CHANGE

For: Office Residence

Old telephone number: _____ New telephone number: _____

CHANGE LOCATION TO WHICH YOUR SALARY CHECK AND/OR EARNINGS STATEMENT SHOULD BE SENT: Please send to: Home Office

CHANGE OF EMAIL ADDRESS FOR ONLINE EARNINGS STATEMENTS

New email address: _____

Signature Date

Please print, sign, and return this form to:

Payroll Unit
Administrative Office of Pennsylvania Courts
601 Commonwealth Ave., Suite 1500
P.O. Box 61260
Harrisburg, Pennsylvania 17106-1260