

## (USE THIS FORM ONLY TO CORRECT PAYROLL NUMBERS)

POST OFFICE BOX 1620  
PAY SYSTEMS DIVISION (DHHS)  
WASHINGTON, D.C. 20013

**NOTE: THIS CHANGE NOTICE  
MUST REACH THE PAY SYSTEMS  
DIVISION NOT LATER THAN  
THURSDAY NOON OF THE  
SECOND WEEK OF THE PAY  
PERIOD IN WHICH EFFECTIVE.**

*(Fold along dotted line for insertion in window envelope)*

NAME	SOCIAL SECURITY NO.	TIMEKEEPER	INCORRECT P/R#	CORRECT PAYROLL #

PERSONNEL LISTED WERE PAID UNDER INCORRECT PAYROLL NUMBERS (CANS) IN PAY PERIOD NUMBER \_\_\_\_\_  
CORRECT PAYROLL NUMBERS ARE LISTED. THIS FORM IS NOT TO BE USED TO TRANSFER PERSONNEL FROM ONE \_\_\_\_\_  
POSITION OR ORGANIZATION TO ANOTHER.

TYPE TIMEKEEPER NAME AND NUMBER	SIGNATURE	PHONE NO.
TYPE T&A CARD CERTIFYING OFFICIALS NAME AND TITLE	SIGNATURE	PHONE NO.