PAYROLL NUMBER CORRECTION

	(USE ⁻	THIS FORM ONLY TO C	CORRECT PAYROLL	NUMBERS)			
ORIGINATOR (Name and Title)		ORGANIZATIONAL LOCATION (Agency, Bureau, Division Section)				DATE	
MAILING ADDRESS (Include Street, City, State, ZIP Code)						PHONE (Area Code, No., Ext.)	
PAY		BOX 1620 DIVISION (DHH , D.C. 20013	S)		MUST RI DIVISION THURSD SECOND	THIS CHANGE NOTICE EACH THE PAY SYSTEMS I NOT LATER THAN AY NOON OF THE D WEEK OF THE PAY IN WHICH EFFECTIVE.	
	(Fo	old along dotted line for i	nsertion in window en	velope)			
PERSONNEL LISTED WERE F			•	,			
CORRECT PAYROLL NUMBE			IOT TO BE USED	IO IRANS	FER PERSU	INNEL FROM ONE	

TYPE TIMEKEEPER NAME AND NUMBER

SIGNATURE

PHONE NO.

TYPE T&A CARD CERTIFYING OFFICIALS NAME AND TITLE

SIGNATURE

PHONE NO.

HHS 478 (REV. 11/83)

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