

**COMPTROLLER OF MARYLAND
CENTRAL PAYROLL BUREAU**

PAYROLL ADDRESS FORM

This form must be completed in BLACK for electronic imaging.

<u>Agency Number</u>	<u>Social Security Number</u>	<u>Name</u>
<u>Payroll System (check one)</u> Regular Contractual		<u>Name of Employing Agency</u>

<u>New Address</u>	
<u>Address Continued (if needed)</u>	
<u>City and State</u>	<u>Zip Code</u>
<u>County of Residence – Required</u>	<u>CPB use only</u>

Student Employees – Submit this form to Payroll Office in the Administration Building.

Regular and Contingent Faculty or Staff – Submit this form to Office Human Resources, Admin. Building.
An additional form is used to change your address for benefits. Link to OHR for benefit form:
http://wwwnew.towson.edu/adminfinance/hr/benefits/documents/112305change_of_address_form.pdf

For questions regarding this form please contact the Financial Services Help Line at (410) 704-5599.

Date

Employee signature

Day telephone number