PAYROLL NUMBER CORRECTION

(USE THIS FORM ONLY TO 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.)*

National Institutes of Health
Office of Financial Management (OFM)
Bldg 31 Room B1B48
9000 Rockville Pike, Bethesda MD 20892

NOTE: This change notice must reach OFM no 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.