

**PITTSFORD CENTRAL SCHOOL DISTRICT
PAYROLL AND BENEFITS OFFICE
ADDRESS CHANGE FORM**

NAME: _____

Social Security Number: _ _ _ - _ _ - _ _ _ _ _

Old Address:

New Address:

Telephone Number: _____

Email Address: _____

Signature: _____ **Date:** _____

PLEASE MAIL OR DROP-OFF THIS FORM TO:

**PAYROLL AND BENEFITS OFFICE
75 BARKER ROAD – EAST WING
PITTSFORD, NY 14534**

NOTE: For **employees enrolled in** the NYS Teachers Retirement System (**TRS**), you must complete and **submit** an **RS-5512 form** directly to the **New York State and Local Retirement System**. For **employees enrolled in** the Employees Retirement System (**ERS**), you must complete and **submit** a **GRE-50 form** directly to the **New York State and Local Retirement System**.

FOR PAYROLL USE ONLY:

- _____ WinCap
- _____ Benefit Solver
- _____ Benefit Resources