Educational Services Commission of New Jersey
1660 Stelton Rd. Piscataway, NJ 08854 (732) 777-9848 www.ESCNJ.us

Payroll Change Request Form

Date: _____

To: ESCNJ Payroll Department

Employee's Name: _____ Last 4 Digits of your SSN: _____

Program: _____

Please complete all required fields, along with your department administrator's signature. All original form requests should be submitted by your school office.

☐ Payroll Direct Deposit Change: Please attach the original direct deposit authorization form along with the original voided check. **(Please note any new direct deposit will be pre-note for the first time.)**

☐ Stop Payment Request: You understand that should you receive the original lost check, it will not be cashed. **Please provide reason/check #/check date/check amount below**:

_____

☐ Other Payroll Information Change: Please indicated other changes below:

_____

Please note any employees that need to change their Address/Phone #/Name/Email, should complete the change of Staff Contact Information Form.

Employee's Signature: **Department Administrator's Signature:**

_____ _____

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For Payroll Office use only:

Employee # _____ Completed By: _____Date:_____