

SMITHSONIAN INSTITUTION  
EMPLOYEE REQUEST FOR ADDRESS DESIGNATION

Agency Use			
Action Code	Agency	Effective Date	
NAME		SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS			
First Line			
Second Line			
Third Line			
City	State	County	ZIP Code + 4 digits
Agency Use CODE	Agency Use CODE	Agency Use CODE	
<p>NOTE: If you currently have Direct Deposit for your check and DO NOT want to change, DO NOT complete the section below. For Direct Deposit change, submit a new SF-1199A to the Payroll Office</p>			
CHECK MAILING ADDRESS			
First Line			
Second Line			
Third Line			
City	State	County	ZIP Code + 4 digits
Agency Use CODE	Agency Use CODE	Agency Use CODE	

SUBMIT THIS FORM TO:

Human Resources Department  
60 Garden Street, MS17  
Cambridge, MA 02138