

# CHANGE IN NAME AND/OR ADDRESS

6-2101-R

12-60

THE PENNSYLVANIA RAILROAD COMPANY

DATE

Prepare 2 copies. Send original to Payroll Office; copy to Personnel Office involved.  
If member of Thrift Plan, prepare 3 copies, forwarding one to Secretary, Thrift Plan, Phila., Pa.

Check office concerned.	<input type="checkbox"/> AUDITOR OF EXPENDITURES	<input type="checkbox"/> PERSONNEL OFFICE	LOCATION		
	<input type="checkbox"/> REGIONAL COMPTROLLER	<input type="checkbox"/> SUPV. OF EXPENDITURES			<input type="checkbox"/> SECRETARY THRIFT PLAN
Write location.	(Last name First Middle)			EMPLOYEE NO.	SOCIAL SECURITY NO.
Print or type name.					
REGION OR SYSTEM OFFICE	DEPARTMENT		OCCUPATION		
WHERE EMPLOYED (LOCATION)	HOME PHONE NO.		DATE CHANGE OF ADDRESS EFFECTIVE		
Old address	NUMBER AND STREET		CITY OR TOWN	ZONE	STATE
	NUMBER AND STREET		CITY OR TOWN	ZONE	STATE
New address	BOROUGH		TOWNSHIP	COUNTY	
	DO YOU HAVE PAYROLL DEDUCTIONS FOR U.S. SAVINGS BONDS?		ARE YOU A MEMBER OF THE THRIFT PLAN?		
Savings Bonds & Thrift Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	PREVIOUS NAME		NEW NAME		
CHANGE IN NAME (Due to marriage or other reasons)	SUPERVISOR OR TIMEKEEPER		EMPLOYEE SIGNATURE		
Signatures required					