

**ADDRESS AND TELEPHONE CHANGE REQUEST**

**PA 3614 / 08-10**

**NOTE:** This form can only be used by active employees for home address, mailing address or telephone changes. For all other changes (additions/deletions of dependents, name, marital status and beneficiaries) please fill out a Form PA 2298.  
**Police personnel should use a Form PA 3614A.**

**INSTRUCTIONS**

1. Please use a typewriter or print clearly and firmly in ink. Sign and date completed form on signature line below.
2. Take special care to fill in your employee number in the box indicated below.  
*If this box is not filled in, your PA 3614 can not be processed.*
3. Return completed form intact to: Your Department/Facility Administrative Staff - The Port Authority of NY & NJ

You will receive an approved copy of this PA 3614 when all changes have been completed.

Check items that have changed:  Home Address     Mailing Address     Home Phone Number

**MUST BE FILLED OUT**

Last Name		First Name	Middle Initial
Employee No.		Home Telephone No.	
Work Location	Zip	Work Telephone No.	

**HOME ADDRESS**

**FURNISH YOUR COMPLETE HOME ADDRESS – INCLUDE HOUSE/APT. NUMBER, STREET, CITY, STATE & ZIP CODE**

Care of: (If applicable) \_\_\_\_\_

Street Address		House/Apt. No.	
City	State	Zip Code	

Residence is located in (check one):  New York City     City of Yonkers     Other

**MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS**

**FURNISH YOUR COMPLETE MAILING ADDRESS – INCLUDE P.O. BOX NO. OR HOUSE/APT. NUMBER, CITY, STATE & ZIP CODE**

Care of: (If applicable) \_\_\_\_\_

Street Address		House/Apt. No.	
City	State	Zip Code	

**MUST BE COMPLETED**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE    FOR ADMINISTRATIVE/FACILITY STAFF  
 RECEIPT ACKNOWLEDGEMENT**

- Your PA 3614 has been processed on \_\_\_\_/\_\_\_\_/\_\_\_\_
- Your PA 3614 cannot be processed because \_\_\_\_\_, PLEASE RESUBMIT.

**APPROVED COPY TO EMPLOYEE, UNIT FILE AND HRD FILE**