

DCPS EMPLOYEE ORGANIZATION INFORMATION CHANGE FORM INSTRUCTIONS

New contact information is provided on the attached DCPS Change Form. The form is used to request changes to the employee organization biweekly deduction or percentage amount, mailing/additional report address, email address, and direct deposit information. Changes should be submitted by an appropriate official of the employee organization. The information provided below will help complete this form.

Attachment 1 is the Change Form. The paragraph numbers below correspond to the numbered fields on the Change Form. Attachment 2 is a sample Remittance Report. The paragraphs below may contain a reference to a numbered field on the sample Remittance Report.

- (1) Effective Date of Change: All changes are effective on the first day of the pay period. A change request received with a date that is not the first day of the pay period will be made effective the first day of the following pay period.
- (2) Employee Organization Code: This is the 3-position DCPS code assigned to individual employee organizations.
- (3) Option: Option(s) are listed as A through Z.
- (4) Change biweekly deduction amount: Complete the 'From' and 'To' amounts for changed options only. The 'From' amount verifies existing information.
- (5) Change biweekly deduction percent: Complete the 'From' and 'To' percentages for changed options only. The 'From' amount verifies existing information.
- (6) Mailing/Email Address: Checks will be mailed to this address if no Direct Deposit is established. A remittance report will also be sent to this address. A mailing address is required to establish a new employee organization code. An Email address is optional. If an Email address is provided, the remittance report will be sent electronically to that Email address, and no hard copy report will be mailed. **Effective 6/6/10, the Email address field can hold up to 40 characters.**
- (7) Additional Address/Email Address: A duplicate remittance report will be mailed to this address. An additional address is required if an additional Email address is provided. If an Email address is provided, the duplicate remittance report will be sent electronically to that Email address, and no hard copy report will be mailed. This address should not be the same as the Mailing Address. **Effective 6/6/10, the Email address field can hold up to 40 characters.**
- (8) Financial Organization Account Information: When Financial Organization Account information is provided, no check will be mailed.
- (9) Contact Information: Required. The Point of Contact (POC) should be someone who will be able to provide assistance if additional information is needed. An email notification of receipt of change form will be sent to this POC.

Note: If there is a problem receiving the remittance reports and/or payments, please contact the servicing payroll office shown on the report (10).

If you have more than one 3 digit code request then you need to send each request in a separate email. All 3 digit codes need to be on a separate form as well. Easiest way to do this is to save this form as a word document and send back as an attachment.

DCPS EMPLOYEE ORGANIZATION INFORMATION CHANGE FORM

Date:

To: DFAS-CO/ZTD (DFAS Columbus Helpdesk)
Phone: DSN 580-6975 (7 AM to 5 PM Eastern)
COM 216-522-6975 or 866-498-8687
Email Address: DFAS.DSCC.ZTD.MBX.CCO-CCC@MAIL.MIL

From: (Name/Local/Address)

Effective Date of Change: **(1)**

DCPS 3-digit employee organization code **(2)**

Option: **(3)**

Change biweekly deduction amount: From: **(4)** _____ To: _____

Change biweekly deduction percentage: From: **(5)** _____ To: _____

Option: **(3)**

Change biweekly deduction amount: From: **(4)** _____ To: _____

Change biweekly deduction percentage: From: **(5)** _____ To: _____

Option: **(3)**

Change biweekly deduction amount: From: **(4)** _____ To: _____

Change biweekly deduction percentage: From: **(5)** _____ To: _____

Option: **(3)**

Change biweekly deduction amount: From: **(4)** _____ To: _____

Change biweekly deduction percentage: From: **(5)** _____ To: _____

[Please add any additional deduction changes to the "Additional Information" section of this form.](#)

DCPS EMPLOYEE ORGANIZATION INFORMATION CHANGE FORM
(Continued)

Change address:

Mailing Address: **(6)**

From: _____ To: _____

Email Address for electronic delivery of remittance report (no hard copy will be mailed):

From: _____ To: _____

Additional Reports Address: **(7)**

From: _____ To: _____

Email Address for electronic delivery of duplicate remittance report (no hard copy will be mailed):

From: _____ To: _____

Change Financial Organization Account Information: **(8)**

Bank Routing Number:

From: _____

To: _____

Account Number:

From: _____

To: _____

Checking/Savings:

Contact Information: **(9) REQUIRED**

Point of Contact for Changes:

Telephone Number:

Fax Number:

Email Address:

ADDITIONAL INFORMATION:

IMPORTANT NOTE:

Once your request has been received via an email, the helpdesk in turn will provide you with a ticket number (DAR). If you do not receive a ticket