



100 Summit Lake Dr. 3rd Fl Valhalla, NY 10595 Phone: 914-923-2898 Fax: (914-989-8135 payroll@pace.edu

Request for Replacement Pay Advice

- 1. Enter your information
- 2. Print and sign (NO ELECTRONIC SIGNATURE ACCEPTED)
- 3. Mail to the University Payroll Office (email accepted)
 A replacement will only be mailed to the address on file with the University. Current employees can update their address using the Pace Portal (https://portal5login.pace.edu). Former employees will need to complete and sign a Personal Data Form to return with this document.

Personal Information			
l am a:		Delivery:	
UID:	Phone:	Email:	
		ch as University ID card or Driver's License) ease provide a copy of a valid photo ID	
Mailing Address	Note: This addre	Note: This address must match the address on file with the University	
Street Address:			
City:	State:	Zip:	
For non-U.S. addresses onl	. – – – – – – – – – – – – – – – – – – –	·	
Region:	Country:	Mail Code:	
Authorization			
This form is considered invalid	l if it has been altered in any way or any	unauthorized additions have been made to it.	
I am requesting my pay advice	or the following pay dates:		
Employee Signature		//	
Printed Name			
University Payroll Office	ce (UPO) Use Only		
Date Mailed or Emailed	to Employee://		
Date Employee Picked u	p:/ Employee Signa	ature:	
UPO Initials:	_		