SUSANA A. MENDOZA
ILLINOIS STATE COMPTROLLER

Employee Address Certification

Agency Number	☐ **New Employee** ☐ **Address Change** ☐ **Name Change** **Former Name** _____		
Social Security Number - -	**Date of Birth** / /	**Voting County**	
Last Name	**First Name**	**Middle Initial**	
Voting Address	**City**	**State**	**Zip Code**
Mailing Address (if different than above)	**City**	**State**	**Zip Code**
Foreign State Providence	**Foreign Postal Code**	**Country Code**	

By signing below, I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge.

Employee Signature _____ **Date** / /

Agencies who do NOT submit electronic payroll address files, please submit a copy of this completed form to the **State of Illinois Comptroller-Payroll Unit, 325 West Adams Street, Springfield, IL 62704.** In lieu of submitting the physical form, a copy may be sent via secure email to **PayAddressChange@illinoiscomptroller.gov**

C-26 (11/2026)