



**REQUEST FOR INFORMATION REGARDING STATE EMPLOYEES IN THE  
RESERVES OF THE ARMED FORCES OF THE UNITED STATES**

**Name of the Employee:**

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**Home Address:**

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**City, State & Zip Code:**

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**Phone Number:**

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**Name of Contact Person for the Employee:**

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**Contact Person's Home Address:**

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**City, State & Zip Code:**

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**Contact Person's Phone Number:**

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**Agency Payroll Contact & Email:**

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**Human Resource Contact & Email:**

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**Please Submit this form to Office of the State Comptroller,  
Statewide Payroll & Time Management Division at  
[osc.milpay@ct.gov](mailto:osc.milpay@ct.gov)**