

PAYROLL VOLUNTARY DEDUCTION FORM

Submit this form by the 15th of the month to the Payroll Dept./District Office.
The change will then occur on the next available pay cycle.

**** ALL TSA (403b/457b) changes must be made [on-line](#) OR by completing the Salary Reduction Agreement Form ([403b](#) or [457b](#)).**

Employee Name (Please Print)

Social Security Number

I request the following changes be made to my payroll voluntary deductions:

Please check applicable box(es):

- Add a voluntary deduction**
(Additional enrollment/contract forms may be needed)
- Change a current voluntary deduction**
(Additional enrollment/contract forms may be needed)
- Delete a current voluntary deduction**
(Employee's responsibility to notify Credit Union)

Please list below all information you wish to change:

| Voluntary Deduction Name (Credit Union/Insurance Carrier) | Previous Amount Deducted | New Amount to Be Deducted |
|---|---------------------------------|----------------------------------|
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| | | |
| | | |

Employee Signature

Date

DISTRICT USE ONLY:

Payroll Effective Date

Date Received