

# PAYROLL VOLUNTARY DEDUCTION FORM

Submit this form by the 15<sup>th</sup> of the month to Diana Galbraith or Roberta Casper in the Payroll Dept./District Office. The change will then occur on the next available pay cycle.

\_\_\_\_\_  
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 or TSA company)

Please list below all information you wish to change:

Voluntary Deduction Name <small>(Credit Union/TSA/Insurance Carrier)</small>	Previous Amount Deducted	New Amount to Be Deducted

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**DISTRICT USE ONLY:**

\_\_\_\_\_  
Payroll Effective Date

\_\_\_\_\_  
Date Received