

**Sunflower County Consolidated School District**  
*"United For Excellence"*

**PAYROLL DEDUCTION CHANGE FORM**

TO: Payroll Department

NAME: \_\_\_\_\_

SCHOOL/LOCATION: \_\_\_\_\_

SOCIAL SECURITY NUMBER (LAST 4 DIGITS) \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

**PLEASE STOP OR MAKE THE FOLLOWING CHANGES TO THE FOLLOWING DEDUCTION:**

Name of company or deduction \_\_\_\_\_

Amount of current deduction \_\_\_\_\_

New amount of deduction \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE:** Payroll deductions which are included in the Cafeteria Plan can only be changed at the beginning of the contract year for the plan. (January deduction for February coverage)