

PAYROLL DEDUCTION CHANGE FORM

Complete this form and forward to the payroll clerk at the Central Office.

Forms are due by the 10th of the month for the change to be effective on your payroll check for that month.

Deduction Name: _____

Select one:

_____START the deduction _____STOP the deduction

_____CHANGE the deduction

Amount to Start/Stop: _____

Increase Amount to: _____

Decrease Amount to: _____

Employee name printed: _____

I understand the deduction above will start, stop or change with the first available payroll. If I elect to stop a deduction, I understand that no payments will be made on my behalf by the DSIS District to the vendor listed above listed.

Employee Signature

Date

To be completed by Payroll Clerk
Date entered in Munis:
