

Pottsville School District

Payroll Change Notice

Employee: _____ Effective Date: _____

DEDUCTION CHANGES

Select applicable category below and enter information as per example:

Alpha Network Division <i>(Company Name)</i>	Cancer <i>(Policy Name)</i>	\$39.74 <i>(Dollar Amount)</i>
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ADDITIONS:

_____ <i>(Company Name)</i>	_____ <i>(Policy Name)</i>	_____ <i>(Dollar Amount)</i>
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_____ <i>(Company Name)</i>	_____ <i>(Policy Name)</i>	_____ <i>(Dollar Amount)</i>
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_____ <i>(Company Name)</i>	_____ <i>(Policy Name)</i>	_____ <i>(Dollar Amount)</i>
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DELETIONS:

_____ <i>(Company Name)</i>	_____ <i>(Policy Name)</i>	_____ <i>(Dollar Amount)</i>
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_____ <i>(Company Name)</i>	_____ <i>(Policy Name)</i>	_____ <i>(Dollar Amount)</i>
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_____ <i>(Company Name)</i>	_____ <i>(Policy Name)</i>	_____ <i>(Dollar Amount)</i>
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DOLLAR AMOUNT CHANGES:

FROM / TO

↓ ↓

_____ <i>(Company Name)</i>	_____ <i>(Policy Name)</i>	_____ \$	_____ \$
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_____ <i>(Company Name)</i>	_____ <i>(Policy Name)</i>	_____ \$	_____ \$
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_____ <i>(Company Name)</i>	_____ <i>(Policy Name)</i>	_____ \$	_____ \$
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Employee Signature

Date

Process in Payroll by

Date