

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)