

SMACKOVER SCHOOL DISTRICT

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION/CHANGE REQUEST

TO: PAYROLL DEPARTMENT

FROM: _____ DATE: _____
EMPLOYEE NAME

SOCIAL SECURITY # _____

Please make the following changes to my payroll deductions effective with the next applicable payroll cycle.

Check One: **ADD** **CHANGE** **DROP** **WITHHOLD**

DEDUCTION:

DATE

EMPLOYEE SIGNATURE

PAYROLL INFORMATION ONLY:

Deduction Code: _____

Deduction Amount: _____

Deduction Code: _____

Deduction Amount: _____

Deduction Code: _____

Deduction Amount: _____

POSTED DATE: _____ BY: _____