

GRAND VALLEY LOCAL SCHOOLS  
PAYROLL DEPARTMENT

REQUEST FOR PAYROLL DEDUCTION CHANGES

**Please submit completed form to Payroll Department.**

NAME \_\_\_\_\_ Employee No. \_\_\_\_\_

BUILDING \_\_\_\_\_

POSITION \_\_\_\_\_

DEDUCTION CHANGE: (Attach necessary forms)

Federal Tax \_\_\_\_\_ (Attach W-4)

State Tax \_\_\_\_\_ (Attach IT 4)

Annuity Company \_\_\_\_\_  
(Attach AFPlanServ Salary Reduction Agreement/403(b) Plan form)

Amount \_\_\_\_\_ Per Pay

Insurance Company \_\_\_\_\_  
(Attach Premium Deduction Authorization form)

Amount \_\_\_\_\_ Per Pay

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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Office use only

Employee No. \_\_\_\_\_ Deduction Code \_\_\_\_\_

Deduction Amount \_\_\_\_\_ Per Pay Payroll Period \_\_\_\_\_  
\_\_\_\_\_ Per Month