

Mid-Del Schools *Payroll Authorization*

Please make the following change to my payroll deduction effective the first available payroll date or the following specified date(whichever is later):_____*

Add	Drop	Change	Deduction Name	Type of Deduct	Previous Amount	New Amount
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

*I understand that the requested change is subject to approval by the payroll office due to Internal Revenue Section 125 regulations and payroll timelines.

Signed_____

Date:_____

Social Security Number:_____

Site:_____