

**PAYROLL DEDUCTION CHANGE FORM**

**Brandon Central Office**

TO: Payroll Department

NAME: \_\_\_\_\_

SCHOOL/LOCATION \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

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 \_\_\_\_\_

NOTICE: Payroll deductions which are included in a Cafeteria Plan can only be changes at the beginning of the contract year for the plan. (Sept deduction for Oct coverage)