

ADELANTO ELEMENTARY SCHOOL DISTRICT

TO: PAYROLL DEPARTMENT DATE: _____

FROM: _____

SOCIAL SECURITY #: _____

I hereby authorize the Adelanto School District to make the following changes to my voluntary payroll deductions:

_____ Please deduct from my monthly earnings the amount of \$_____ for a period of (circle one) 10, 11, 12 months payable to the following:

_____.

_____ Cancel my medical insurance.

_____ Cancel my voluntary insurance: _____.

_____ Cancel my voluntary payroll deduction to: _____ in the amount of: \$_____.

_____ Cancel my tax shelter annuity to: _____ for the amount of: \$_____.

_____ Cancel my EFT deposit.

_____ Change my _____ from _____ to _____.

Please make these changes effective: _____.

_____ I authorize the Adelanto School District to deduct \$_____ from my _____ pay warrant due to a payroll advance for the following reason(s): _____.

Employee Signature

Date