

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 _____

Office use only

Employee No. _____ Deduction Code _____

Deduction Amount _____ Per Pay Payroll Period _____
_____ Per Month