

Floyd County Public Schools
140 Harris Hart Rd. NE
Floyd, Virginia 24091

Telephone: (540) 745-9400

Fax: (540) 745-9496

Payroll Deduction Change

TO: PAYROLL OFFICE

FROM: _____ **SSN:** _____
(Employee Name)

DATE: _____

This is to authorize a new payroll deduction and/or a change to an existing payroll deduction currently permitted under my employee benefit election as follows:

CANCEL or STOP **CHANGE** **NEW**

Company/Agency _____

Type Benefit _____

Current Monthly Premium Amount \$ _____

New Monthly Amount (if a change) \$ _____

Effective Date _____

Reason Resignation Retirement Other _____

Comment _____

Authorized and executed on the above date by: _____
(Employee Signature)

Payroll Office Use Only:

Received by _____ Date _____

Process Date _____