

Iraan-Sheffield ISD
Payroll Deduction Form

Name: _____ Employee ID# _____

Please check one of the following:

START

STOP

CHANGE

Effective Date: _____ No. Months: _____ End Date: _____

Name of Vendor or Company: _____ Amount: _____

Description: _____

I hereby authorize Iraan-Sheffield ISD to deduct the amount shown from my paycheck as indicated above. I understand that a new form is required to change or stop these deductions and that 2 weeks notice is required for requests to be processed by the next pay date.

Employee Signature

Date

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FOR USE BY PAYROLL DEPARTMENT

Received by: _____ Date: _____

Entered by: _____ Date: _____