Employee’s Name: ____________________________________________

Department: ____________________________________________

Reason for Action

   __ Increase Deduction       __ Decrease Deduction
   __ Start Deduction          __ Stop Deduction
   __ Other: ____________________

Type of Deduction: ______________________________________

Old Deduction: _______________ New Deduction: ____________________

Effective Date of Change: ____________________

COPIES TO: PAYROLL OFFICE AND EMPLOYEE

Employee Signature: ___________________________ Date: _____________

Personnel Signature: ___________________________ Date: _____________