SECTION A: EMPLOYEE INFORMATION Forms received by the 5th of the month are effective for the 15th payroll, forms received by the 20th of the month are effective for the 30th payroll. ___Campus/Location Date _____ Employee # **Employee Name Account Number SECTION B: DEDUCTION INFORMATION Start Deduction** Deduction Title Deduction Code Start Date _____Stop Date ____ Amount per Check \$ Total Amount for Year Stop Deduction Deduction Code _____ Deduction Title ______ Stop Date Amount **Change Deduction** FROM: Deduction Title _____ Deduction Code _____ Start Date Stop Date Amount per Check \$ Total Amount for Year \$ Deduction Title _____ Deduction Code Start Date Stop Date Amount per Check \$ Total Amount for Year \$ **SECTION C: EMPLOYEE AUTHORIZATION**

I hereby authorize the Dickinson ISD Payroll Office to make the changes stated above to my paycheck. I understand that these changes will remain active until I submit another authorization to the Payroll Department or I have reached my final payment, whichever shall come first.

Employee Date