



USD 489 Payroll Change Form

Note: This form is to be utilized in the initiation of payroll changes by the employee. An exception is a change in monthly status or number of dependent deductions. These changes can only be accomplished by completing new W-4 and K-4 forms which are available in the Payroll Office.

THIS FORM IS TO BE DELIVERED TO THE PAYROLL OFFICE

Employee: _____ Date: _____

Assignment: _____ Location of Assignment: _____

Social Security #: _____ Effective Date of Change: _____

INSTRUCTIONS: Check the appropriate box(es) per change.

NAME CHANGE Former Name: _____

Current Name: _____

ADDRESS CHANGE New Address: _____

PAYROLL DEDUCTION CHANGE

A. Deduction for Tax Sheltered Annuity

Current Deductions: _____
(If none write "None") Company Monthly Contributions

Requested Change: _____

B. Other Deduction Changes

Current Status: _____

Requested Change: _____

I do hereby authorize the Payroll Department of USD 489 to institute the changes noted on this form.

Employee Signature

Date