

Okeechobee County School Board
Payroll Deduction Change Form

Name: _____
(Please Print Clearly)

Position: _____

Site: _____

Initiate Deduction

Please initiate a payroll deduction for _____ in the amount
(Company Name)
of \$ _____ on the following paycheck date _____.

Change Deduction

Please change the payroll deduction for _____ from
(Company Name)
\$ _____ to \$ _____ on the following paycheck date _____.

Stop Deduction

Please stop the payroll deduction for _____ on the following
(Company Name)
paycheck date _____.

I authorize the Okeechobee County School Board to initiate/change/stop a payroll deduction on my behalf. I understand my paycheck is reduced by any deductions I initiate.

Signature: _____ Date: _____