

Holliday ISD

Payroll Deduction Change Form

I _____, hereby authorize the
the Holliday ISD Payroll Office to change the following payroll deductions(s): .

Note: This form cannot be used to cancel the Health Insurance or the Cafeteria Plan. See Payroll.

Payroll month to begin new amount	Deduction Name	Current Amount	New Amount	(Office Use Only) Ded. Code	(Office use only) Entry Date

Signature of Employee_____

Campus _____ **Date** _____