

TRAVIS UNIFIED  
SCHOOL DISTRICT



2751 De Ronde Drive  
Fairfield, CA 94533-9710

## PAYROLL DEDUCTION CHANGE REQUEST

Please change my payroll deduction to:

\_\_\_\_\_

New deduction amount: \_\_\_\_\_

Effective date of change: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Last 4 Digits of Social Security Number \_\_\_\_\_

**This form must be received by Business Services by the 10<sup>th</sup> of the month in which you wish the change to take place.**

Deduction Code: \_\_\_\_\_