

DEDUCTION CHANGE FORM

LAUREL COUNTY BOARD OF EDUCATION

TODAY'S DATE _____

Return this form to Wanda Goodin at Central Office upon Completion.

Do not use this form for 403B deductions.

NAME (Print) _____ Signature _____

EMPLOYEE # _____ SSN# _____

1. List the DEDUCTION you wish to change _____

2. Do you wish to cancel this DEDUCTION? _____

3. Amount currently being DEDUCTED _____

4. Do you want to keep this DEDUCTION
and change the amount only? _____

5. New amount to be withheld from EACH check: \$ _____

REMARKS: _____

PLEASE USE A SEPARATE FORM FOR EACH DEDUCTION CHANGE.

CHANGES TO YOUR DIRECT DEPOSIT INFORMATION MUST BE DONE ON THE DIRECT DEPOSIT FORM. DO NOT USE THIS FORM FOR DIRECT DEPOSIT CHANGES!

HEALTH INSURANCE CHANGES REQUIRE A QUALIFYING EVENT AND ADDITIONAL PAPERWORK. PLEASE CONTACT WANDA GOODIN FOR INFORMATION.

IF YOU WISH TO CHANGE THE NUMBER OF TAX EXEMPTIONS OR HAVE ADDITIONAL TAXES WITHHELD, YOU MUST COMPLETE A NEW W-4.

FOR CENTRAL OFFICE USE ONLY:

UPDATE COMPLETED ON: _____

COMPLETED BY: _____