



Kings Canyon Unified School District
 Payroll Department
 675 W Manning Ave ~ Reedley CA 93654
 (559) 305-7026 ~ Fax: (559) 637-1186

Voluntary Deduction Adjustment

Form must be submitted to Payroll by the 5th of the month to take effect that month.

Employee Name: _____ SS# _____

I am requesting the following action be taken on my _____ (_____)
Voluntary Deduction Name Vender Code

Account to be effective on _____
Month/Year

Please check one:

- 10 month deduction 12 month deduction

TSA's will NOT be deducted on the deferred paychecks

Complete the following:

START deduction \$ _____

STOP deduction \$ _____

CHANGE deduction from: \$ _____ to \$ _____

Please confirm that you have provided the name and number of the voluntary deduction so that processing of your request is not delayed.

For current approved vendors go to www.403bcompare.com.

 Employee Signature

 Date

For Office Use Only

Processed by: _____ Date Posted: _____ Voluntary Deduction #: _____