

Granville County Public Schools

PAYROLL DEDUCTION CHANGE FORM

Use this form for voluntary payroll deductions.

Date: _____

Name: _____ Last 4
of SSN: _____

If there are questions, contact me at _____

Please make the following change(s) to my paycheck effective
with the _____ payroll.
(month/year)

This form is due on or before the 15th of the month to be effective for that month.

	Deduction Name	Current Deduction	New Deduction
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Note: If you wish to drop a deduction, please indicate by making the new deduction field zero (0).

Employee Signature (Required)

Do NOT use this form to request changes to Health Insurance, Dental, Vision or Colonial. Generally changes can only be made to these plans during the applicable Open Enrollment period. Please contact the GCPS benefits representative for more information.