

Authorization to Stop Payroll Deduction(s)

Please complete all applicable information and return the signed form to:

Donna Independent School District
 Business Office
 Attention- Payroll Department
 116 N. 10th Street
 Donna, Texas 78537

Employee Name:

Employee ID #:

Campus/Department

I am authorizing Donna ISD Payroll Office to stop the following payroll deduction(s):

<u>DEDUCTION</u>	<u>STOP DEDUCTION AMOUNT</u>	<u>EFFECTIVE DATE</u>
<input type="checkbox"/> Administrator's Scholarship	\$ <input style="width: 150px; height: 20px;" type="text"/>	_____
<input type="checkbox"/> ATPE	\$ <input style="width: 150px; height: 20px;" type="text"/>	_____
<input type="checkbox"/> Federation of Teachers	\$ <input style="width: 150px; height: 20px;" type="text"/>	_____
<input type="checkbox"/> Texas Schools at Will	\$ <input style="width: 150px; height: 20px;" type="text"/>	_____
<input type="checkbox"/> TSTA	\$ <input style="width: 150px; height: 20px;" type="text"/>	_____
<input type="checkbox"/> Employee Emergency Foundation	\$ <input style="width: 150px; height: 20px;" type="text"/>	_____
<input type="checkbox"/> Prepaid Legal Insurance	\$ <input style="width: 150px; height: 20px;" type="text"/>	_____
<input type="checkbox"/> Southwest Workers Union	\$ <input style="width: 150px; height: 20px;" type="text"/>	_____
<input type="checkbox"/> Texas Tomorrow Fund	\$ <input style="width: 150px; height: 20px;" type="text"/>	_____
<input type="checkbox"/> United Way of Hidalgo County	\$ <input style="width: 150px; height: 20px;" type="text"/>	_____
<input type="checkbox"/> Other	\$ <input style="width: 150px; height: 20px;" type="text"/>	_____
<input type="checkbox"/> Other	\$ <input style="width: 150px; height: 20px;" type="text"/>	_____
<input type="checkbox"/> Other	\$ <input style="width: 150px; height: 20px;" type="text"/>	_____
<input type="checkbox"/> Other	\$ <input style="width: 150px; height: 20px;" type="text"/>	_____
<input type="checkbox"/> Other	\$ <input style="width: 150px; height: 20px;" type="text"/>	_____

Signature

Date

For Payroll Office Use Only:

Payroll Date Deduction Stopped: _____

Payroll Clerk Initials _____