



# OXNARD SCHOOL DISTRICT

1051 SOUTH "A" STREET • OXNARD, CALIFORNIA 93030 • 805/487-3918

## Voluntary Deduction Change Form

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### Employee Information

Employee Full Name: \_\_\_\_\_

Please Print

PSL or SSN#: \_\_\_\_\_

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### Transaction Information:

Check all that apply:

- Increase in amount                       Decrease in amount  
 Cancel all contributions

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

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### Company Information:

Name: \_\_\_\_\_ Deduction Amount: \$ \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: