



Change Form

Authorization for Voluntary Payroll Deduction

Employees Name: _____

Employee's Social Security Number (last four digits): XXX-XX-_____

I hereby authorize the Dinuba Unified School District to initiate a change in my Voluntary Payroll Deduction.

Check One: **Increase** * **Decrease** * **Cease**

*In the event of an increase or decrease in the voluntary deduction, please indicate the amount below

Original Monthly Amount: \$ _____

New Monthly Amount: \$ _____

I hereby request that Dinuba Unified School District revise the deduction from my monthly payroll to the amount indicated above to be donated to Dinuba USD Student Foundation (DUSD Foundation #4401)

Employee's Signature: _____

Date: _____

Please return this form to: Dinuba Unified School District Payroll Office

8/9/2024