

Authorization to Stop Payroll Deduction(s)



Please complete all applicable information and return the signed form to:
Donna Independent School District
 Business & Finance
 Attn: Payroll Department
 116 N. 10th Street
 Donna, Texas 78537

Employee Name

Employee ID:

Campus/Dept.

Monthly

Bi-Weekly

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

	DEDUCTION	\$	Effective Date
<input type="checkbox"/>	Administrator's Scholarship	<input style="width: 100px;" type="text"/>	_____
<input type="checkbox"/>	ATPE	<input style="width: 100px;" type="text"/>	_____
<input type="checkbox"/>	Employee Emergency Foundation	<input style="width: 100px;" type="text"/>	_____
<input type="checkbox"/>	Prepaid Legal Insurance	<input style="width: 100px;" type="text"/>	_____
<input type="checkbox"/>	Texas Classroom Teachers Association	<input style="width: 100px;" type="text"/>	_____
<input type="checkbox"/>	TIVA	<input style="width: 100px;" type="text"/>	_____
<input type="checkbox"/>	Texas State Teacher Association	<input style="width: 100px;" type="text"/>	_____
<input type="checkbox"/>	Tx Federation of Teachers	<input style="width: 100px;" type="text"/>	_____
<input type="checkbox"/>	Other _____	<input style="width: 100px;" type="text"/>	_____
<input type="checkbox"/>	Other _____	<input style="width: 100px;" type="text"/>	_____
<input type="checkbox"/>	Other _____	<input style="width: 100px;" type="text"/>	_____
<input type="checkbox"/>	Other _____	<input style="width: 100px;" type="text"/>	_____

Employee Signature

Date

Payroll Office Use Only:	
Date Deduction Stopped:	Payroll Clerk Initials: