



PHARR – SAN JUAN – ALAMO INDEPENDENT SCHOOL DISTRICT

ADJUSTMENT OF PAYROLL DEDUCTION

DATE: _____ **PSJA ID#:** _____ **CAMPUS:** _____

NAME: _____ **SS#:** _____

AUTHORIZATION IS HEREBY GIVEN TO ADJUST THE FOLLOWING PAYROLL DEDUCTIONS.

DEDUCTION CODE	DESCRIPTION	BW / MO	CURRENT AMOUNT	NEW AMOUNT
_____	_____	_____	\$_____	\$_____
_____	_____	_____	\$_____	\$_____
_____	_____	_____	\$_____	\$_____
_____	_____	_____	\$_____	\$_____
_____	_____	_____	\$_____	\$_____

Taken By: _____

(Employee Signature)

Some restrictions apply to payroll adjustment deductions, please contact payroll dept. before completing form (956) 354-2030 and for Insurance contact Benefits Dept. 956-354-2029