

San Diego County Office of Education Abatement Adjustment Form

Email form to PayrollSvcs@sdcoe.net after completing Sections 1-3, including abatement documentation.

For monthly processing, due to Payroll Services 5 business days prior to off-cycle confirm.

Due to Payroll Services no later November 18th @ NOON

1. Request Information

Date of Request:

District #:

District Name:

Requestor:

Contact Phone:

Contact Email:

2. Abatement Information

Employee Name:

Employee ID-Rec

Position:

Pay Cycle

Abatement Amt:

Details:

3. Year to Date - Taxable Gross

Calendar Year:

Quarter:

YTD Taxable Gross:

Abatement Amt:

Employee Taxes to be Refunded:

Soc Sec Refund

SS

Yes ☐ NA ☒

Med

Yes ☐ NA ☒

Medicare Refund

4. Payroll Services Information

Email to Payroll Services when complete.

Completed By:

Date:

Taxable Gross Verified:

Quarter:

Adj Needed:

Yes ☐ No ☐

Processing Notes: