

# WASHOUGAL SCHOOL DISTRICT

4855 EVERGREEN WAY  
PH: 360.954.3000



WASHOUGAL, WA 98671  
FAX: 360.835.7776

## REQUEST TO CHANGE A PAYROLL DEDUCTION

DATE: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

Please change my payroll deduction for:

Company Name: \_\_\_\_\_  
\_\_\_\_\_

for \$ \_\_\_\_\_ X  one time only  
 12 months  
 \_\_\_\_\_ (other)

(Check one, please)

beginning \_\_\_\_\_ (date)

Thank you,

\_\_\_\_\_  
Signature