PAYROLL CHANGE FOR DISTRICTS

Select the district you are employed with:

☐ **BUTTE FALLS**   ☐ **MYRTLE POINT**
☐ **CAMAS VALLEY**   ☐ **REEDSPORT**
☐ **DAYS CREEK**   ☐ **RIDDLE**
☐ **DOUGLAS ESD**   ☐ **YONCALLA**
☐ **GLENDALE**   ☐ **OTHER**_____

Employee Name: _____ DOB: _____

Deduction Name	Current Amount	New Amount	Effective Date

I am authorizing Douglas ESD, on behalf of my district, to change my deduction(s) listed above for all payroll checks and I am aware that the change(s) will remain in effect until further notice or until I complete a new Authorization Form.

I understand it is my responsibility to submit any changes to payroll within 10 days prior to cancellation so request can be completed on or before effective date. (*Note: bank file is sent to bank 3 days prior to pay day.*)

_____   _____

Employee Signature   Date

This information is confidential and will be stored in a confidential manner.