SISTERS SCHOOL DISTRICT #6

VOLUNTARY PAYROLL DEDUCTION CHANGE

To: Payroll Deparment		
From:	Employee Name	
Please change my contribution to:	Name of Entity	
From:	To:	
Beginning with the pay date of		
Employee's Signature		Date
Employer's Signature		Date

Please return this form to:		
Payroll Department		
Sisters School District Office		
(541) 549-8521 ext. 4013		