



**Parlier Unified School District**

Payroll Department  
900 Newmark Ave. - Parlier, CA 93648  
(559) 646-2731 - Fax: (559) 888-0210

**VOLUNTARY DEDUCTIONS**

**Form must submitted to Payroll by the 1st of the month to take effect that month.**

Employee Name: \_\_\_\_\_ SS#: XXX-XX

I am requesting the following voluntary deduction to be taken effective: \_\_\_\_\_  
Month/Year

In the amount of: \$ \_\_\_\_\_ ( \_\_\_\_\_ )  
Voluntary Deduction Name Vender Code

NOTES: \_\_\_\_\_

**Please check one:**

- 10 month deduction       11 month deduction       12 month deduction

**TSA'S can NOT be deducted on the deferred paychecks.**

**Complete the following:**

**START** deduction      \$ \_\_\_\_\_

**STOP** deduction      \$ \_\_\_\_\_

**CHANGE** deduction      From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

**By signing this form I authorize the District to withhold from my pay check the amount indicated above. If, for any reason, there are not enough funds in my check to cover the requested deduction, I acknowledge that no amount will be deducted at all.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Processed by: \_\_\_\_\_ Date Posted: \_\_\_\_\_ Voluntary Deduction #: \_\_\_\_\_