

CITY OF HAMMOND

PAYROLL DEPARTMENT

Deduction Change Form

Date _____ / _____ / _____

EMPLOYEE AUTHORIZATION

I, _____

SSN _____

Print name

hereby authorize the Payroll Department to make the following changes on my payroll check effective for the pay period ending ____/____/____.

NEW / CHANGE DEDUCTION

1st Deduction Title _____

Current Amount \$ _____

New Amount \$ _____

_____ Per Pay Period

_____ Per Month

2nd Deduction Title _____

Current Amount \$ _____

New Amount \$ _____

_____ Per Pay Period

_____ Per Month

CANCEL DEDUCTION

1st Deduction Title _____

Current Amount \$ _____

_____ Per Pay Period

_____ Per Month

2nd Deduction Title _____

Current Amount \$ _____

_____ Per Pay Period

_____ Per Month

SIGNATURES

Employee's Signature

Date

Witness

Date