

West Geauga Local School District

PAYROLL CHANGE FORM

NAME: _____ DATE: _____

Please change the following information effective: _____
(date)

- Name: _____
- Address: _____

- Phone #: _____
- Schedule Daily Hours: _____ Contract Days: _____
- Marital Status Married Single
- Health Insurance (must attach insurance Change Form)
Add: _____ Effective: _____
Delete: _____ Effective: _____
- Dental Insurance (must attach insurance Change Form)
Add: _____ Effective: _____
Delete: _____ Effective: _____
- Credit Union Deduction (must attach Credit Union Deposit Card)
Add deduction in the \$ Amount of: _____
Change \$ Amount to: _____
Cancel Deduction effective: _____
- Payroll Direct Deposit Information (must attach Direct Deposit Authorization)
- Municipal Tax Authorization (start/stop) (must attach City Tax Form Authorization)
- Voluntary Annuity Information (must attach Annuity Authorization)
Annuity Company Name: _____
Remittance Address: _____

Cancel Annuity effective: _____

All other issues or changes, please contact the Payroll Department.

SIGNATURE: _____

Return form to Treasurer's Office/Payroll Office

Payroll system changed: _____ Payroll signature/initials: _____