



# Information Change Form

(All payroll changes must be in the administration office at least 10 working days prior to payday in order to be included in that month's payroll calculations.)

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School email address: \_\_\_\_\_

Home email address \_\_\_\_\_

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## Deduction Change

Type of Deduction Change requested: \_\_\_\_\_

Amount of Deduction: \_\_\_\_\_

Effective Date: \_\_\_\_\_

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Added College Degrees: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_

Emergency Contact Work Phone: \_\_\_\_\_

Emergency Contact email (if applicable) \_\_\_\_\_

Signature \_\_\_\_\_