



# La Villa ISD Payroll Department

Authorization to change deductions affecting payroll (Optional Insurance, Other)

*\*You must provide this form in person. If circumstances exist, call the Business Office.*

Employee Name: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Current Deduction Amount: \_\_\_\_\_

New Deduction Amount Request: \_\_\_\_\_

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

Reason: \_\_\_\_\_

Check Appropriate Change:  Stop  
 Increase  
 Decrease  
 Add

W-4 Form Change Request (Please attached the W4 form)

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

\_\_\_\_\_  
Date

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### OFFICE USE

Date Entered: \_\_\_\_\_

By: \_\_\_\_\_

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