

## Voluntary Deduction Adjustment(s)

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I am requesting the following action to be taken effective (Month) \_\_\_\_\_

_____	Start a Deduction	Employee Initials: _____
_____	Change a Deduction	Employee Initials: _____
_____	Stop a Deduction	Employee Initials: _____

**INSURANCE, TSA's**

	Dollar Amount	Initials
<input type="checkbox"/> AETNA      Aetna Life	_____	_____
<input type="checkbox"/> AFLAC      American Family Life	_____	_____
<input type="checkbox"/> AF      American Funds	_____	_____
<input type="checkbox"/> AVIVA      Aviva Life Insurance	_____	_____
<input type="checkbox"/> CVT      Central Valley Trust	_____	_____
<input type="checkbox"/> GALIC      Galic Disbursing Company	_____	_____
<input type="checkbox"/> IAPI      Ind. Alliance Pacific Insurance Co	_____	_____
<input type="checkbox"/> KEENAN      Keenan & Associates	_____	_____
<input type="checkbox"/> NL      Nationwide Life Insurance Co	_____	_____
<input type="checkbox"/> NYLIF      New York Life Insurance	_____	_____
<input type="checkbox"/> PIA      Prudential Insurance of America	_____	_____
<input type="checkbox"/> PFTC      Putnam Fiduciary Trust Co	_____	_____
<input type="checkbox"/> TRAN      Transamerica Accidental	_____	_____
<input type="checkbox"/> UNUM      Unum/Provident	_____	_____
<input type="checkbox"/> VALIC      Valic Variable Annuity	_____	_____
<input type="checkbox"/> VANKANM      Van Kampen Investments	_____	_____
<input type="checkbox"/> VERI      Veritrust Financial L.L.C.	_____	_____
<input type="checkbox"/> Other	_____	_____

**VOLUNTARY DUES, POLITICAL ACTION GROUPS, ASSOCIATIONS:**

	Dollar Amount	Initials
<input type="checkbox"/> ACSA      Association of California School Administrators	_____	_____
<input type="checkbox"/> CASBO      California Association of School Business Officials	_____	_____
<input type="checkbox"/> CSEA      California Schools Employees Association	_____	_____
<input type="checkbox"/> CSEA LCD      California Schools Employees Association Local Chapter Due	_____	_____
<input type="checkbox"/> CSEA VIC      California Schools Employees Association Victory Club	_____	_____
<input type="checkbox"/> CTA      California Teachers Association	_____	_____
<input type="checkbox"/> EECU      Educational Employees Credit Union	_____	_____
<input type="checkbox"/> LEGAL      Prepaid Legal Service	_____	_____
<input type="checkbox"/> FCCS      Fresno County Child Support	_____	_____
<input type="checkbox"/> VAAAS      Valley Alliance of African American Educators	_____	_____
<input type="checkbox"/> Other	_____	_____

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payroll Completion Signature

\_\_\_\_\_  
Date

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Changes received in the Payroll Department by the 1<sup>st</sup> week of the month will be processed for the end of month payroll.  
An Equal Opportunity Employer