

BLUE PAPER  
(Revised 07/14/2010)

RETURN TO PAYROLL DEPARTMENT

**BOGALUSA CITY SCHOOL DISTRICT  
PAYROLL CHANGE FORM**

EMPLOYEE'S NAME \_\_\_\_\_ ID NUMBER \_\_\_\_\_  
(Do Not Use Social Security Number)

NAME CHANGE TO: \_\_\_\_\_  
(NOTE: Teachers must make change to Teaching Certificate prior to changing in Payroll)

ADDRESS CHANGE: \_\_\_\_\_  
\_\_\_\_\_

PHONE NO. CHANGE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

INSURANCE/MISCELLANEOUS DEDUCTION CANCELLATION: (PLEASE CHECK AND ENTER THE AMOUNT TO BE CANCELLED)

AMOUNT	DEDUCTION
_____	ALLSTATE/AMERICAN HERITAGE
_____	AFLAC
_____	AMERICAN PUBLIC LIFE
_____	BOGALUSA ASSOCIATION OF EDUCATORS
_____	BOGALUSA BUS ASSOCIATION
_____	BOGALUSA FEDERATION OF TEACHERS
_____	BOSTON MUTUAL LIFE
_____	COLONIAL
_____	CONSECO
_____	DAVISVISION
_____	DINA DENTAL
_____	EQUITABLE ANNUITY
_____	HORACE MANN ANNUITY
_____	NTA
_____	Q-DENT
_____	SECURITY BENEFIT ANNUITY
_____	UNION 776 DUES
_____	UNITED WAY
_____	UNUM (DISABILITY)
_____	UNUM (LIFE)
_____	OTHER (PLEASE LIST) _____

EMPLOYEE'S SIGNATURE (DO NOT PRINT)

DATE