

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