



**EAST SIDE UNION HIGH SCHOOL DISTRICT  
VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION**

**Employee Information**

Employee Name: \_\_\_\_\_  
Please Print First Last

SSN or Employee ID #: \_\_\_\_\_

10 Pay \_\_\_\_\_ 11 Pay \_\_\_\_\_ 12 Pay \_\_\_\_\_

Effective Date of Change: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b><u>Agency Information</u></b>	<b><u>Vendor Code</u></b>	<b><u>New Monthly Amt</u></b>	<b><u>Stop All Deductions</u></b>
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____

\_\_\_\_\_

\_\_\_\_\_

Employee Signature

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