

Yolo County

OFFICE OF EDUCATION

REQUEST FOR VOL-DED CHANGE PRIOR TO VOL-DED RUN

ATTENTION: EXTERNAL BUSINESS SERVICES

FROM:

DISTRICT #:

DATE:

Month to Process Vol-Ded Adjustment:

AUTHORIZED BY: _____
Payroll Supervisor

EMPLOYEE:

EMPLOYEE #:

P/R WARRANT #:

ORIG. ISSUE DATE:

REISSUE DATE:

REASON FOR CANCELLATION:

VENDOR #	VENDOR NAME	INCREASE (+)	DECREASE (-)
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NOTE: SUMMER BENEFITS/REFUNDS AND ADDITIONAL FIT/SIT DO NOT NEED TO BE ADJUSTED.

FAX OR EMAIL A COPY OF THIS REQUEST FORM TO THE COUNTY OFFICE AT (530) 668-3828 OR G-BSE@YCOE.ORG PRIOR TO VOLUNTARY DEDUCTIONS PROCESSING. IF THE VOLUNTARY DEDUCTION CHANGE IS RELATED TO A CANCELLED WARRANT, A COPY MUST ALSO BE ATTACHED TO THE REQUEST TO CANCEL PAYROLL WARRANT FORM.

COUNTY USE ONLY:

Date & Time received by YCOE:

Processed by YCOE: _____
Date

Initial