



CORRY AREA SCHOOL DISTRICT

CENTRAL ADMINISTRATION – PAYROLL OFFICE

540 East Pleasant Street, Corry, PA 16407-2246

(814) 664-4677 • Fax (814) 663-0849

<http://www.corrysd.net>

VOLUNTARY PAYROLL DEDUCTION REQUEST

Employee Name (PRINTED): _____

Please begin a voluntary pay deduction for: (PLEASE PRINT **CLEARLY** THE NAME OF THE DEDUCTION)

In the amount of \$_____ per pay. (THIS AMOUNT CANNOT FLUCTUATE.)

This deduction is effective with the _____ payroll.
Pay Date

Employee Signature: _____ Date: _____

PLEASE NOTE:

**This form must be in the Payroll Office by the Wednesday (a week BEFORE) the pay you wish this deduction to begin.*

**One form per deduction cancellation.*

**Incomplete or improperly completed forms will be returned to the employee to complete/correct and re-submit.*

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For Payroll Office Use Only

Date Received: _____ Received by: _____ Date Entered: _____