

## Denison ISD Payroll Add/Change/Delete Form

Employee Signature: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Description	Additional information Required	Description of Change
____ ATPE	Contact Payroll for required information	_____
____ Child Care	Contact Payroll for required information	_____
____ Child Support	Court order required	_____
____ DEA	Contact Payroll for required information	_____
____ Direct Deposit Bank	Return a Voided check with this form	_____
____ Federal Income Tax Withholding	Return a completed IRS Form W-4.	_____
____ Health Trends	Copy of Contract required	_____
____ Nautilus Sport Center	Copy of Contract required	_____
____ Out of Pocket Medical/Dental	Contact Payroll for required information	_____
____ Pre-Paid Legal Services	Contact Payroll for required information	_____
____ State Income Tax Withholding	Contact Payroll for required information	_____
____ Student Loan	Court order required	_____
____ Tax Shelter Annuity	Contact Payroll for required information	_____
____ TCTA	Contact Payroll for required information	_____
____ Texas Federation of Teachers	Contact Payroll for required information	_____
____ United Way	Contact Payroll for required information	_____
____ A D & D Insurance	Contact Benefits for required information	_____
____ AETNA Long Term Care	Contact Benefits for required information	_____
____ AFAC	Contact Benefits for required information	_____
____ Dental	Contact Benefits for required information	_____
____ Health insurance	Contact Benefits for required information	_____
____ Income Protection	Contact Benefits for required information	_____
____ Life Investors	Contact Benefits for required information	_____
____ EMC National - Cancer	Contact Benefits for required information	_____
____ Term Life Insurance	Contact Benefits for required information	_____
____ Transamerica Life-Heart&Stroke	Contact Benefits for required information	_____
____ Transamerica Life Cancer	Contact Benefits for required information	_____
____ Employee Computer Purchase	Contact Director of Business	_____
____ Credit Union Changes	Contact Payroll for required information	_____

<b>Payroll Contact</b>	<b>Gail Self</b>	<b>903-462-7041</b>
<b>Benefits Contact</b>	<b>Lisa Powers</b>	<b>903-462-7042</b>
<b>Director of Business</b>	<b>Cortney Hunkapillar</b>	<b>903-462-7037</b>

**All forms and additional information must be received by the 10th of each month**

Business Office Use Only		Initial
Date received:	_____	_____
Date posted to payroll system:	_____	_____
Date sent to BDA/CafePlan	_____	_____