

CENTRAL UNION HIGH SCHOOL DISTRICT

PAYROLL DEPARTMENT

351 Ross Avenue
El Centro, CA 92243
(760) 336-4513

Please circle the following changes:

Increase

Decrease

PLEASE TYPE OR PRINT

TO: PAYROLL

FROM: _____

SSN: _____

I have authorized CENTRAL UNION HIGH SCHOOL DISTRICT to make the following payroll deductions for:

_____ INSURANCE

_____ OTHER

Name of Insurance or Other

In the amount of \$_____ to become effective on _____.

Date: _____

Signature: _____