



Dr. Jorge O. Ayala, Superintendent

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

DATE: _____/_____/_____

ATTENTION: BUSINESS, MANAGEMENT & ADVISORY SERVICES

FROM: _____

DISTRICT #: _____

AUTHORIZED BY: _____
Payroll Supervisor

EMPLOYEE: _____

SOCIAL SECURITY #: _____

REASON: _____

(IF CANCELLED WARRANT INDICATE WARRANT NUMBER)

VENDOR #	VENDOR NAME	INCREASE (+) DECREASE (< >)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date & Time received by YCOE: _____

Processed by YCOE: _____
Date Initial

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FAX A COPY OF THIS REQUEST FORM TO THE COUNTY OFFICE AT (530) 668-3848 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 FOR PAYROLL HAND/CANCELLED WARRANT FORM.

Form #PR008
Revised 2/01
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