

Payroll Deduction Modification Request

Request to Change Existing Payroll Deductions

Date: MM/DD/YYYY

Employee Information

Full Name Enter Full Name

Employee ID Enter Employee ID

Department Enter Department

Contact Number Enter Contact Number

Current Payroll Deduction(s)

Deduction Type e.g. Health Insurance

Current Amount e.g. \$100.00

Deduction Type e.g. Retirement

Current Amount e.g. \$50.00

Requested Modification

Type of Request ☐ Increase Deduction ☐ Decrease Deduction ☐ Stop Deduction

Details of Modification e.g. Change to \$120.00 per pay period

Effective Date MM/DD/YYYY

Reason for Request Enter reason

Employee Signature

Date

HR/Payroll Approval

Date

Important Notes:

- This form must be submitted to HR/Payroll for approval before any modification takes effect.

- Some deductions may require additional documentation as per company policy or legal requirements.
- Processing time for deduction changes may vary; allow at least one full pay cycle.
- Incorrect or incomplete forms may delay your request.
- It is the employee's responsibility to review payroll statements for updates.