

**KNOX COUNTY SCHOOLS
PAYROLL DEDUCTION/CHANGE AUTHORIZATION**

This authorization will remain in effect until a new authorization is filed, until termination of employment, until employee's net check is insufficient to cover the deduction, or until the beginning of a leave of absence.

Employee _____
First
Middle Initial
Last

Social Security or Employee # _____ School/Location _____

Position/Job Title _____ Effective Date for Deduction or Change _____

Pay Period: 12 (teachers, assistants, secretaries, principals, etc.)
 21 (food service and security)
 26 (custodians and maintenance)

Name of Company _____ Payroll Deduction # _____
You must complete all required vendor information.

Current Deduction Amount Per Pay Period \$ _____ New Deduction Amount Per Pay Period \$ _____

Knox County Schools makes no representation regarding advisability or appropriateness of particular vendors. I hereby authorize Knox County Schools to deduct the above amount from my earnings or cancel the deduction amount for the above coverage/plan. I understand that if I want to cancel or change this payroll deduction I must do so in writing by completing a new form before the payroll deadline in order for the cancellation to be effective. I acknowledge that if my premiums are flexed (deducted pre-tax), I cannot make changes unless there is a qualifying event or it is open enrollment. I also understand that if the premium amount changes from the amount noted above, Knox County Schools will not change the amount deducted from my payroll unless I file a new authorization.

I understand that there may be additional paperwork required by the company in order to set up my account appropriately, to file claims, or make changes to my policy(ies). These forms should be obtained directly from the vendor. Knox County Schools cannot answer questions about the company's paperwork, policies or practices or supply company forms.

I understand that changes can only be made from September 1st to June 5th for employees working on a 200-day or less contract (teachers, assistants, security, food service, etc.). Employees working on a 221-day contract (principals, bookkeepers, etc.) may make changes August 1st to June 5th. This is due to the fact that all summer checks are processed in June.

Employee Signature _____ Date _____

AGENT INFORMATION

Vendor # _____ Vendor Name _____

Agent _____ Comments/Notes _____

**Return form to: Knox County Schools, Benefits & Employee Relations Department, AJ Building, Third Floor
P.O. Box 2188, Knoxville, TN 37901-2188**

Benefits & Employee Relations Office Use Only:

Employee # _____ Date Form Received by Employee Benefits _____

Current Deduction Amount \$ _____ New Deduction Amount \$ _____

Entered on Payroll _____ Date _____ By _____ Date of Last Deduction _____
Employee Benefits Staff Member

Reason: Retirement Leave of Absence Resignation Employment Termination Employee Request Death
 Other _____