## KNOX COUNTY SCHOOLS TAX SHELTER 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	Effective Date for Deduction or Change		
Pay Period:	□ 12 (1	□ 12 (teachers, assistants, secretaries, principals, substitute, etc.)				
☐ 21 (food service and			d security)			
	□ 26 (	custodians and	maintenance)			
Name of Company				Payro	ll Deduction #	
Name of Company			must complete all required vendor in	nformation.		
			eriod \$ New		y Period \$	
a new form be enrollment in I understand contract (tead bookkeepers, June. I under appropriately Schools cann	efore the p a 457 plan that chang chers, assi , etc.) may rstand that or to make not answer	ayroll deadline a it will take place ses can only be a stants, security, make changes a there may be a e changes to my questions about	I want to cancel or change this in order for the cancellation to be the month following the recent the money but the company's paperwork, put the money but the m	be effective. I understand a eipt of the form in accordan une 5 <sup>th</sup> for employees worki es working on a 221-day con due to the fact that all sum by the company in order to e obtained directly from the solicies or practices or supp	that if I enroll or change my ice with IRS regulations. Ing on a 200-day or less intract (principals, mer checks are processed in set up my account company. Knox County oly company forms.	
Employee Sig	gnature			!	Date	
AGENT INFO	ORMATIO	N				
□ 403(b)	□ 457	Vendor #	Vendor Name	<u> </u>		
			Comments/Notes			
Return form to: Knox County Schools, Employee Benefits Office, AJ Building, 16 <sup>th</sup> Floor P.O. Box 2188, Knoxville, TN 37901-2188						
Employee Be	nefits Offic	e Use Only:				
Employee #			Date Form Received by	Employee Benefits		
Current Deduction Amount \$ New Deduction Amount \$						
Entered on Pa	yroll	Date	ByEmployee Benefits Staff Me	Date of Last Deduct	ion	
Reason: □ R		□ Leave of Abs	sence □ Resignation □ Em <sub>l</sub>	ployment Termination □ E	mployee Request   □ Death	