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				
Employee Firs	st	Middle	Initial	Last
Social Security or Employee			School/Location _	
Position/Job Title Effective Date for Deduction or Change				
Pay Period: □ 12 (teach	ers, assistants,	secretaries, princ	cipals, etc.)	
□ 21 (food service and security)				
□ 26 (custodians and maintenance)				
Name of Company				Pavroll Deduction #
······································	You must comple	ete all required vendo	r information.	_ Payroll Deduction #
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 1 st to June 5 th 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 1 st to June 5 th . This is due to the fact that all summer checks are processed in June.				
Employee Signature				_Date
AGENT INFORMATION				
Vendor #	Vendor Name			
Agent		_ Comments/Not	es	
Return form to: Knox County Schools, Employee Benefits Office, AJ Building, 16 th Floor P.O. Box 2188, Knoxville, TN 37901-2188				
Employee Benefits Office Use	e Only:			
Employee #		Date Form Rece	ived by Employee Benefits	
Current Deduction Amount \$ New Deduction Amount \$				
Entered on Payroll	By	Employee Benefits	Date of Las	t Deduction
Reason: Retirement Leave of Absence Resignation Resignation Reployment Termination Reployee Request Death Other				