

**Biggs Unified School District**  
Change in Employee Information

Employee Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

**Name Change:** *\*\*You will need to provide an updated copy of your SS Card and ID to HR\*\**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Contact Information Change:**

Mailing Address: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Payroll Changes:**

**Deductions:**

Effective date of change \_\_\_\_\_ *(if payroll has already been processed this change will be effective on the next payroll cycle.)*

Cancel my \_\_\_\_\_ deduction of \$ \_\_\_\_\_

Change my \_\_\_\_\_ deduction from \_\_\_\_\_ to \_\_\_\_\_

**Deferred Pay:** *(10 & 11 month employees only)*

I would like to set up deferred pay and receive 12 paychecks. \_\_\_\_\_ *(Initial)*

I would like to cancel my deferred pay set up. \_\_\_\_\_ *(Initial)*

**CHANGES THAT REQUIRE ADDITIONAL FORMS:**

*\*CHANGES TO YOUR BANK ACCOUNT INFORMATION COMPLETE THE ELECTRONIC DEPOSIT AUTHORIZATION FORM AND SUBMIT A VOIDED CHECK OR ACCOUNT AUTHORIZATION FORM PROVIDED BY YOUR FINANCIAL INSTITUTION*

*\*CHANGES TO YOUR HEALTH INSURANCE PLEASE CONTACT MONEEK GRAVES, ADDITIONAL FORMS WILL BE REQUIRED DEPENDING ON THE CHANGE*

*\*CHANGES TO YOUR TAX WITHHOLDINGS. COMPLETE A W-4 FOR FEDERAL OR A DE-4 FOR STATE*

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Updated by:

\_\_\_\_\_  
Date