

Des Plaines Elementary School District 62  
777 Algonquin Road  
Des Plaines, Illinois 60016

**PAYROLL CHANGE REQUEST FORM**

Send To: LaVerne Micolichuk - Payroll

Check the area you wish to change, complete the necessary information, attach form if required, **print clearly**, and sign form.

**CHANGE WITHHOLDING TAX** (Must complete and attach Federal W-4 and/or IL W-4 reflecting change)

\_\_\_ Federal Exemption    \_\_\_ State Exemption    \_\_\_ Married    \_\_\_ Single  
\_\_\_ Additional Fed. Tax Withheld    \_\_\_ Additional State Tax Withheld    \_\_\_ Married but select Single

**STOP DIRECT DEPOSIT**

Date direct deposit should be stopped: \_\_\_\_\_

Only a **stop direct deposit** may be requested on this form. Changes and additions require the completion of the Authorized Agreement for Automatic Deposits (ACH credits) and attach a "Void" check for a checking account; a **Bank** direct deposit form completed by your bank for a savings account.

**CHANGE CREDIT UNION DEDUCTION**

Change from \$ \_\_\_\_\_ per pay period to \$ \_\_\_\_\_ per pay period.  
New members are to contact the Credit Union (847-696-1555) directly if they wish to join.

**TAX SHELTERED ANNUITY STOP** Only a **stop deduction** may be requested on this form.

Changes and new additions must go through the approved company's representative. Dates changes are due in payroll: **July 1, October 1, January 1, and April 1.**

Stop annuity deduction on (date) \_\_\_\_\_

**SIGNATURE & SOCIAL SECURITY # REQUIRED FOR ALL CHANGES**

Signature \_\_\_\_\_ Social Security \_\_\_\_\_

Print Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

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**-FOR ADMINISTRATION OFFICE USE ONLY**

\_\_\_ Payroll