



Leon Independent School District

P. O. Box 157 • Jewett, Texas 75846-0157 • Phone (903) 626-1400 • Fax (903) 626-1420

PAYROLL DEDUCTION AUTHORIZATION

EMPLOYEE NAME

I hereby authorize Leon ISD to make the following changes to my salary deductions:

NAME OF PROVIDER	AMT CHANGED FROM	AMT CHANGED TO
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

I hereby revoke my salary deduction to the following plan(s):

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

EMPLOYEE'S SIGNATURE

DATE