

PAYROLL CHANGE REQUEST

To: Payroll

Date: _____

From: _____

Please change the following on my payroll records:
(Mark with an X all that apply)

- Name should be _____
(Attach a copy of your Social Security Card reflecting your new name)
- Address should be _____
- AFLAC from \$_____ to \$_____ per pay (twice monthly).
For enrollment please contact Bob Miller at 618-604-4599
- Endowment Fund Contributions from \$_____ to \$_____ per pay (twice monthly).
- OTHS Scholarship Fund from \$_____ to \$_____ per pay (twice monthly).
- Family for Families Contributions from \$_____ to \$_____ per pay (twice monthly)
- 403(b) enrollment and changes require:
an Enrollment and Salary Savings Agreement completed
- Flex Spending changes
Please contact Scott Barnes @ American Fidelity 1-800-638-4268

Employee Signature: _____