

**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).
- Endowment Fund Contributions from \$\_\_\_\_\_ to \$\_\_\_\_\_ per pay (twice monthly).
- OTHS Scholarship Fund 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: \_\_\_\_\_

Revised: 12/13