

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
REQUEST TO ADJUST OR STOP PAYROLL DEDUCTIONS**

Please note: This form is to be used only during non-campaign time. To change or cancel you deduction during campaign time, you must do it on your donor page.

Date Requested: _____ **Date Received:** _____
Name: _____ **Emp. #:** _____
WL#: _____ **WL Name:** _____
Phone #: _____ **E-mail:** _____

I would like the following adjustment made to my payroll deduction for my United Way contribution:

Amount being deducted: \$_____ per payroll period. I would like it to be adjusted to the following:

- \$_____ per payroll period
- Stop payroll deduction

Email this completed form to dventurini@dadeschools.net.

This request will be processed in 30 days or less from the time it is received.

Employee Signature: _____

For Office Use Only	
Request has been revised and sent to payroll deduction on _____.	
Request has been forwarded to the United Way on _____.	
Comments: _____	

Signed: _____	Date: _____

cc: Ms. Diana Izquierdo
United Way Ambassador