



# CLARKSVILLE COMMUNITY SCHOOLS

Office of the Superintendent • 502 Little League Blvd. • Clarksville, IN 47129  
(812) 282-7753 • FAX (812) 282-7754

## 403B Change Form

I authorize Clarksville Community School Corporation to change my 403B withholding as follows:

- Increase \_\_\_ by \$\_\_\_\_\_ per pay period for a total of \$\_\_\_\_\_.
- Decrease \_\_\_ by \$\_\_\_\_\_ per pay period for a total of \$\_\_\_\_\_.
- Increase \_\_\_ to \_\_\_\_\_% per pay period.
- Decrease \_\_\_ to \_\_\_\_\_% per pay period.
- Stop \_\_\_ all bi-weekly payroll deductions.

Effective on \_\_\_\_\_

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Central Office Employee Signature

\_\_\_\_\_  
Date

Payroll Updated Change on Payroll Dated: \_\_\_\_\_